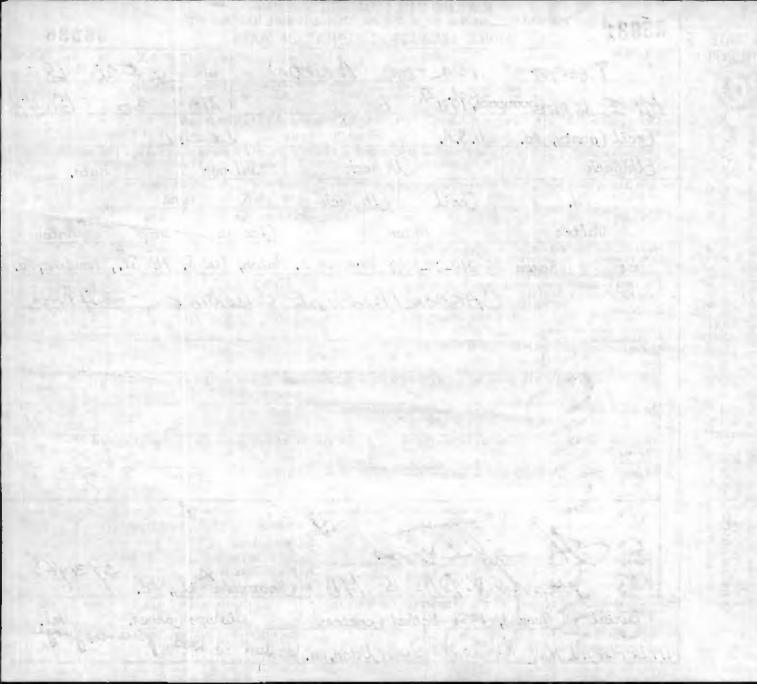
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06938 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor (Type or Print) OF ESTI-WALTE 6BE127 DEATH MATED delay S. DATE OF BIRDY 4. RACE 6. AGE (in years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SE) pup HOURS 36YRS XXXXXXXXXXX 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH FIE Mid CECI1 WIDOWED [ DIVORCED (ountu ecil Pages haurs after death 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with during Sost of working life, even if retired.) Huto Uk Neck give street oddress) Neck the Give Office alang with death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE YES 🗍 Neck none l and 2 Item 1 ofter Middle 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Walter Anton Anton Leanor Sapp 24 5 pages haurs Examiner's pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT **ADDRESS** This certificate shauld be executed within (Yes. no. or unknown) fif yes awe war or dates of service) Barbara 11 7th Sto. Anton, Konea E .⊆ within 18. CAUSE OF DEATH (Enter only one couse persine for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. be forwarded to the Chief Medical pending PART I. DEATH WAS CAUSED BY: TONOKI IMMEDIATE CAUSE event DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if ony, which gove rise to immediate couse (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse E pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 00 remayal, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NOX execute the certificate, ä 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor. 3 shauld HOUR A.M. 4 shauld PRIMARY OR CONTRIBUTING MEDICAL SICAL EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Jown County Stote factory, office building, etc.) YOUR FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK director. Page burial, far 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted from: Natural causes Suicide . Hamicide retained Undetermined manner pleose CHIEF MEDICAL EXAMINER pridr ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUTY necessary, pe DEPUTY MEDICAL EXAMINER EXAMINER'S may Health NAME (Type) 0 BURIAL CREMATION. 23b -- DATE CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote Bethe emeter orner Jel 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

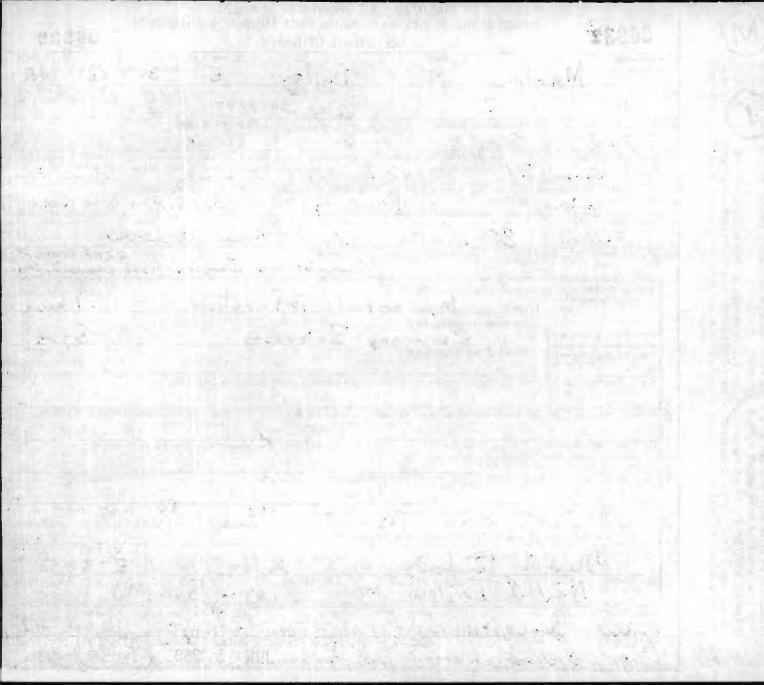
N	(3)	in.	0	53
0.3	æ	57	Ü	3

06932 death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 211 Page 4 may be retained by the haspital at attending physician.

30M REV. 198

1. DECEASED-NAME	A First	Middle		Last .	2a. DATE OF			2b. HOUR
(Type ar print)	Martha	M	B	ailey	5	Manth 30 Da	y 68 ear	11 R M
3. SEX	4. RACE		S. D.	ATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
<b> </b>		C	a	ug. 29,	1897	lost birthday)	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (State ar	fareign 7b. CITIZEN	OF WHAT COUNTRY?		EVER MARRIED	9. COUNTY OF	DEATH		
md	. 121	. A. a.	WIDOWED 🔀	DIVORCED	Ceci	€.		Md.
10. CITY OR TOWN OF DE	upocit Ind.	11. NAME OF HOSPITAL OR INS give street address)	71. Man	e // during n	nast of working l	(Kind of work done ife, even if retired.)	INDUSTRY	BUSINESS OR
		institution: Residence before	13c. CITY OR TOW	N 13d, INSIDE CITY	LIMITS? 13e STR	REET AND NUMBER	rrival	Loram.
admission) STATE 7/2	w Jersey 13b. CO		atlantic	12 1		12. new	york C	Tve.
14. FATHER'S NAME		ddle Last	15. MO	THER'S MAIDEN NAME	e .	Middle		Last
	cam E	16b. SOCIAL SECURITY N	10. 17. INFOR	Carlottel	enor	Hilso		20 - 1/-
Yes, na, ar unknawn)	(If yes give war or dates of se		m. mrok	. 1	1 2000	1 1	22471.7	· D
724				, , , , , , , , , , , , , , , , , , , ,		7 1 0 4	APPROX	IMATE INTERVAL
	WAS CAUSED BY:	per line for (a), (b), and (c).	1	2.	1. 1		BETWEEN	ONSET AND DEATH
1410	IMMEDIATE CAUSE (d		ar dial	1019	Letter	7		pann_
Canditions, if any,		o, or as a consequence of	<	cleros	) n		5	No. Louis
rise ta immediate	cause (a),	O. OR AS A CONSEQUENCE OF	cim's -	2 Cle LOZ	(3			7.5.
stating the underl	Till consa	d						
PART 2. OTHER SIG		NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		
= 4201								
190. DATE OF OPERAT	TION 196, CONDITION F	OR WHICH OPERATION WAS PE	RFORMED 2	YES NO NO	CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
		TIME OF INJURY	21c. HOW IN	UURY OCCURRED (Ent	er nature of injur	y in Part 1 or Part 2,	Item 18.)	-
OF CONTRIBUTING [		R.A.M. Manth Day Year P.M. 19						
21d, INJURY OCCUR While Not while at wark at wark	RED 21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATIO	DN Street ar R.F.D. N	a. City	ar Tawn	County	State
22a. I certify t	hat (I) (this haspita	l) attended the decease	d from 5	25,1%	3 , to 5	-30 ,19	68_, that	(I) (we) last
saw the d	eceased alive an ted abave, (I) (we)	(did) (did nat) view the l	9 <u>6 3  ,</u> and the bady after deat	at in (my) (aur) ap h.	oinian death a	ccurred on the d	ate and haur	and fram the
22b. SIGNATURE	neil a	Taulor	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED	-48
22d. PHYSICIAN'S NAME (Type)	Neil R	Taylow	Mo	22e. ADDRESS	ina	Sun,M	9	
23a. BURIAL, CREMATION								
	, 23b DATE	23c. NAME OF	CEMETERY OR CREW	1		N (City or Town)	(County)	(State)
REMOVAL (Specify) 24. FUNERAL DIRECTOR	23h DATE	1968 Ber	tley Ce	metery is the 250. REC'D	Darle		Dayford	(State)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

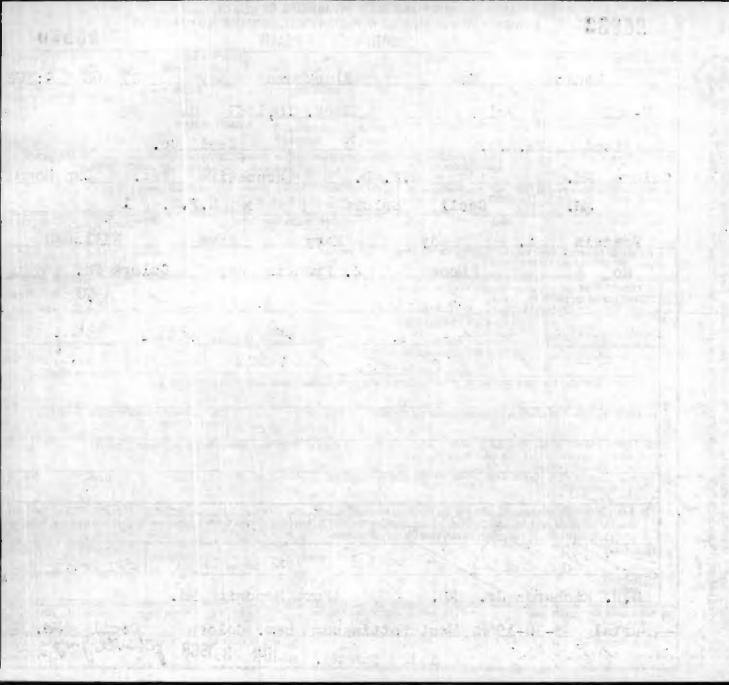
CERTIFICATE OF DEATH

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- 1														
Ī		EASED-NAME		First	Middle		Lost		20. DATE O				2b.	HOUR
ı	(Ty	pe or print)	Louis	~^	Wav		Black	-laranes	Mar	Month	Doy	68°	0.	30
ŀ	3. SE)		HOULE	4. RACE	Wery		S. DATE OF I		I Wal	6. AGE (In year	S IFI	UNDER 1 YEAR	IF UNDER	
ľ	7+ DLF	_							dda	lost birthdoy)	MON	THS DAYS	HOURS	MIN.
Ļ		Fema.		Whi		La	Sept.	16,1	883	84	YRS.			
	7o. B		ote or foreign	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MA		9. COUNTY O	F DEATH				
		arvla	and	U.S.A		WIDOWI	DIVO	ORCED _	Cec	il Co.				Me
		TY OR TOWN			, NAME OF HOSPITAL OR II	STITUTION (	f not in hospital			(Kind of work	done	2b. KIND OF	BUSINESS	OR
4	0,	lora	Md -	9	ive street oddress)	F. D			ost of working SEWII	life, even if reti	red.)	OWI	Ho	me
ŀ			2 PAGE 17	ecosed lived, if inst	itution: Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY L		TREET AND NUMB	ER	O 112	6 410	214
		sion) STATE	Md.	13b. COUNT	Cecil	Colo		YES N	100	F.D. #	1			
k	14 5	TUED'S ALBERT				POTO			26 20	Mid	alle II.		Last	
П	14. 1/	ATHER'S NAME	First	' Middl			15. MOTHER'S A						Lost	
			neis	L	Way		Mairy	7	Eva			illou	igh	
		WAS DECEASED s, no, of unknown		ARMED FORCES?	16b. SOCIAL SECURITY	NO. 1	7. INFORMANT			Addr				
L	18	No.	2 Will (0.342	giro wai di adres oi salivico,	None		J. Fra	nkie	Way	Col	ora	Md.		
ľ		IB. CAUSE O	F DEATH (Ente	er only one couse pe	r line for (g), (b), and (c	).)							IMATE INTER	
ı			DEATH WAS C	AUSED BY:	1/20		01	en S.	rok.	- 1		1582		- Control
1		1110	- IMI	WEDIATE CAUSE (o)			/	1 1 CM						
1		Conditions if	ony, which q		OR AS A CONSEQUENCE OF		12 1	2 /	-/	diser.		20		
ı			diote couse	(b)_	Marken		Conto	- les	Carl an	CE-Send	B* 9		-	
П		stoting the u	inderlying co		DR AS A CONSEQUENCE OF	And the same of th	2	17	-			101		
1		last.		) (c)_	Wioh		5	-6 6 21	- 3	-			1	
1		PART 2, OTH	R SIGNIFICAN	CONDITIONS CONTR	BUTING TO DEATH BUT I	NOT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION GIV	EN IN PART I(o)				
-	z	420	1											
П	CERTIFICATION	190. DATE OF C	PERATION	19b. CONDITION FOR	WHICH OPERATION WAS P	ERFORMED	20a. AUT	OPSY?		F YES, WERE FIND	NGS CONS	DERED IN C	ERTIFYIN	3
l.	JE I						YES	NO C	CAUSI	S OF DEATH?				
1		21o. ACCIDEN	T WAS UNDE	RLYING 216. TIM	E OF INJURY	210	HOW INJURY O	CCURRED (Ente	r noture of inj	ury in Port 1 or P	ort 2, Item	18.)		
	3		TING CAUSE O	F DEATH HOUR A.	M. Month Doy Yeo									
	MEDICAL	VALIDIAL PIC	occuppen			ACTORY 1 216	LOCATION CA-	ant or PED No	£24	v or Town	-	ounty	(	tote
		While No	AL MILLIO	ATT. FLANCE OF INJUI	RY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	) 211	FACALION 211	OCI UI A.F.D. NO		y or rowlf		- Carrier		
4		of work o	t work				1.0	107	70 .		10.21			
П		22o. I ceri	ify that (I)	(this haspital)	ottended the deceo	sed from:	Jones	, 192	7 10	3-2/	, 196	that	(I) (M	e) lo
П		saw t	he decease	d alive an	id) (did not) view the	hadu of	ind that in (r	ny) (our) op	inian death	accurred on 1	ne date	and haur	and fro	m th
1		22b. SIGNATU		ove, (i) (we) (b	ia) (ala nor) view in	body of	er deom.				22c. DATI	CICNED	-	
1		226. SIGNATO	1/1	2///	1	B.C	ATTEND	OING X	AED.	STAFF [7]	ZZC. DATI	SIGNED		
1	100	1	1/100	OHIC	20/1	9	EGREE PHYS.		PIRECTOR -	PHYS.	0/2	2/6	8-	1
1		22d. PHYSICIA			/		22e. AD							
ı	. ,	G.H	Ric	hards J	m. ND		Por	ct Dep	osit	Md.				
I	230.	BURIAL, CREM		23b. DATE	23c. NAME OI	CEMETERY	OR CREMATORY		23d. 10CAT	ON (City or Town	) (	County)	(Stote	)
		REMOVAL (SO	ecify)	5-30-190	58 West	Nott:	ngham	Cem.	Colo	ra	Cec:	il	Wat.	
1	24.	INERAL DIRE		NIR-1906	ADDRES		TENEVITA COL						446	
	74	men.	0606	117 4/14cc	Ellen Dinis	nm Q,	KM m	L DATES HILL	3 1	368 <sup>25b.</sup>		1	0	

Mours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or attending physician.

VR AT 30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

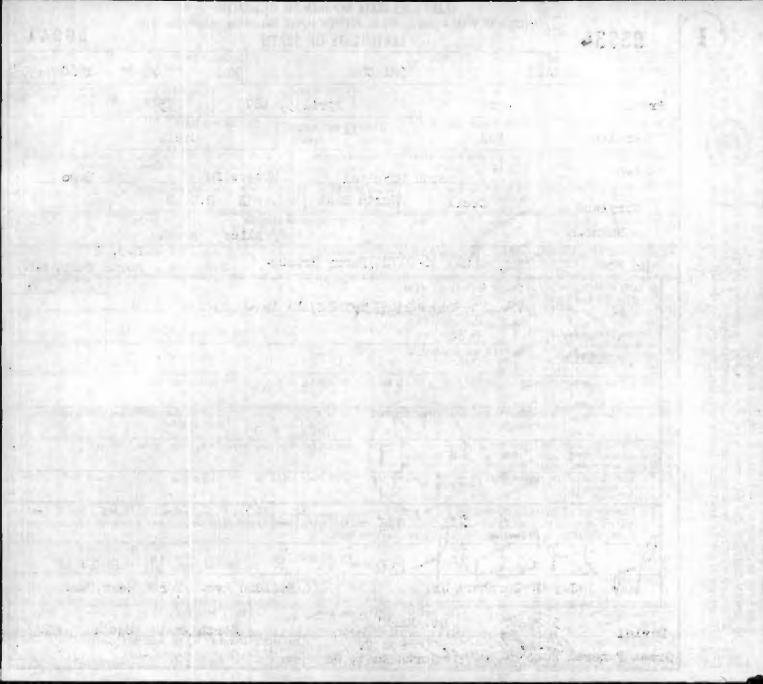
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1. DECEASED-NAME	First	Middle		Lost	2o. DATE (	OF DEATH		2b. HOUR
(Type or print)	SALLIE	BR	ISCOE		May	Month 22 Doy	1968	7:30 A
3. SEX Female	4 RACE Negro			ate of BIRTH pril 5, 18	393	6. AGE (In years last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
o. BIRTHPLACE (Stote or fountry Maryland		A .	MARRIED N	EVER MARRIED DIVORCED	9, COUNTY C	OF DEATH Cecil		Mo
O. CITY OR TOWN OF DEA Elkton	give	IAME OF HOSPITAL OR INSTITU street address) Union Ho	spital	during m HOU		ON (Kind of work dane ng life, even if retired.)	12b. KIND OF E INDUSTRY Home	
I3a. USUAL RESIDENCE (WI admission) STATE Marylan	nere deceased lived, if institution and lab. COUNTY	tian: Residence before 13	orth Ea			STREET AND NUMBER		
14. FATHER'S NAME F Unkno		Lost	15. MO	THER'S MAIDEN NAME I	first Llice	Middle Brooks		tost
Yes, NOT unknown)	IN U.S. ARMED FORCES? (If yes give wor or dates all service)	166. SOCIAL SECURITY NO. 219-36-017	2 Harr	MANT Y Briscoe		AddreR - I No:	). 2 rth East	, Md.
(A-2-) /	ouse (a), out to, or course (c).  Pricant conditions contributions							
19a. DATE OF OPERATION OF THE PROPERTY OF THE		HICH OPERATION WAS PERFO	RMED 2	YES NO NO	CALIS	IF YES, WERE FINDINGS C SES OF DEATH?	ONSIDERED IN CE	RTIFYING
21a. ACCIDENT WAS  OR CONTRIBUTING  (If either, notify med  21d. NJURY OCCURR  While Not while at work at work	CAUSE OF DEATH HOUR A.M.	Manth Day Year				ijury in Part 1 ar Part 2, 1 ity ar Tawn	tem 18.) Caunty	State
22a. I certify the	at (I) (this hospital) attaceased alive an ed abave, (I) (w) (did)	(did nat) View the bac	dy after deat	ATTENDING A	MED.	STAFF 22c.	DATE SIGNED	P
22d. PHYSI(JAN'S NAME Wype)	Jay S. Barni	art Jr.		22e. Appress 4 Mauld	in Ave	. North Ea	ast, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR	23b. DATE 5-27-68	23c. NAME OF CEM St. Mar:	k's	MATORY 2Sq. REC'D E		TION (City or Town)  th East Ce	(Caunty)	(State) Md.

ages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely all director, page 3 should be detached far use as the burial-transit permit. Then please remave carban parabuld be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within Page 4 may be retained by the haspital an attending physician.

> VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle last (Type or print) Month Charles E. Bryson 6. AGE (In years last birthday) 4. RACE 3. SEX S. DATE OF BIRTH 64 Male White July 17 903 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Maryland DIVORCED | U.S.A. WIDOWED 1 Cecil 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH give street address)\_ Union H during most of working life, even if retired.)
Mechanic Elkton Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Ceci.I Elkton Bridge St 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle Middle Lost Charles H. Bryson Reba 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Bridge Adbress 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na. ar unknawn) I (II yes give war or dates of service) 220-12-6990 Elkton. Donald Bryson. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Arteriosclaratic Heart IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave } rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

21 a. ACCIDENT WAS UNDERLYING

190. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?

YES 🗍 NO I

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

2(c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.E.D. No. County City or Town

While Hat while at work 22a. I certify that (I) (this hospital) attended the deceased from 4-19, 1968, to 5-5-, 1968, that (I) (we) last 

216. TIME OF INJURY

MC) DEGREE

DIRECTOR

22c. DATE SIGNED STAFF PHYS.

ATTENDING PHYS. 22<sub>B</sub>, ADDRESS 1235 incarl- It va

23a. BURIAL, CREMATION 23b. DATE 5/13/68 23c. NAME OF CEMETERY OR CREMATORY North East Meth.

23d. LOCATION (City or Town) North East.

(State)

2b. HOUR

IF UNDER 24 HRS.

IE IONITYER 1 YEAR

MONTHS DAYS

**INDUSTRY** 

12b, KIND OF BUSINESS OR

Hutton

APPROXIMATE INTERVA

BETWEEN ONSET AND DEATH

State

Auto

ADDRESS

llman

DATE

O FUNERAL DIRECTOR: After this certificate director, page Shauld be filed

the death certificate be executed within 24 haurs after death.

requires that

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be retained

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papers. hin 72 h

remave carban

please

burial-transit

the the has been

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burial,

signed by

or remaval

within.

ome

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

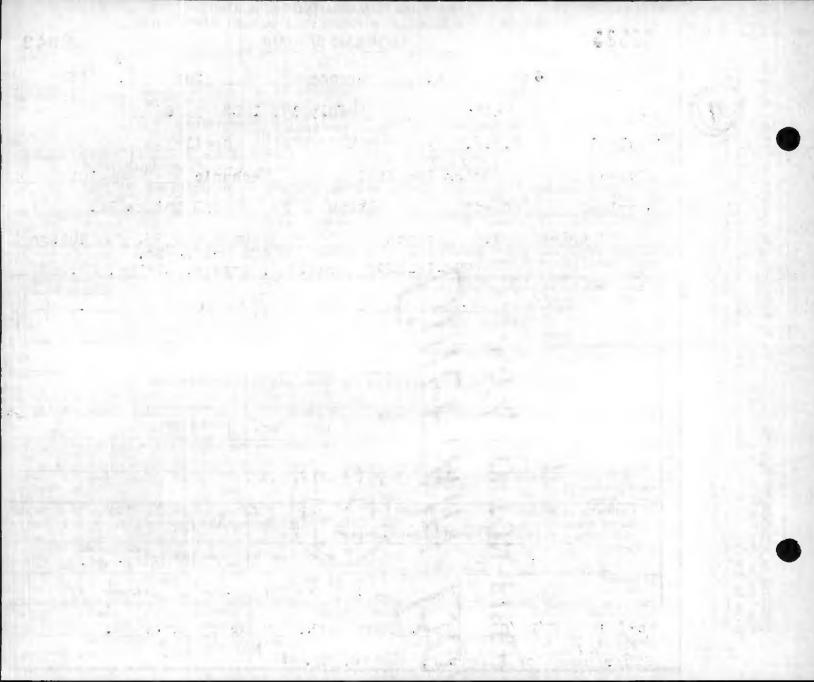
or

Funerals. Elkton.

250. REC'D BY ANDISTRAR 5

958 REGISTRADES SIGNATURE

(County)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

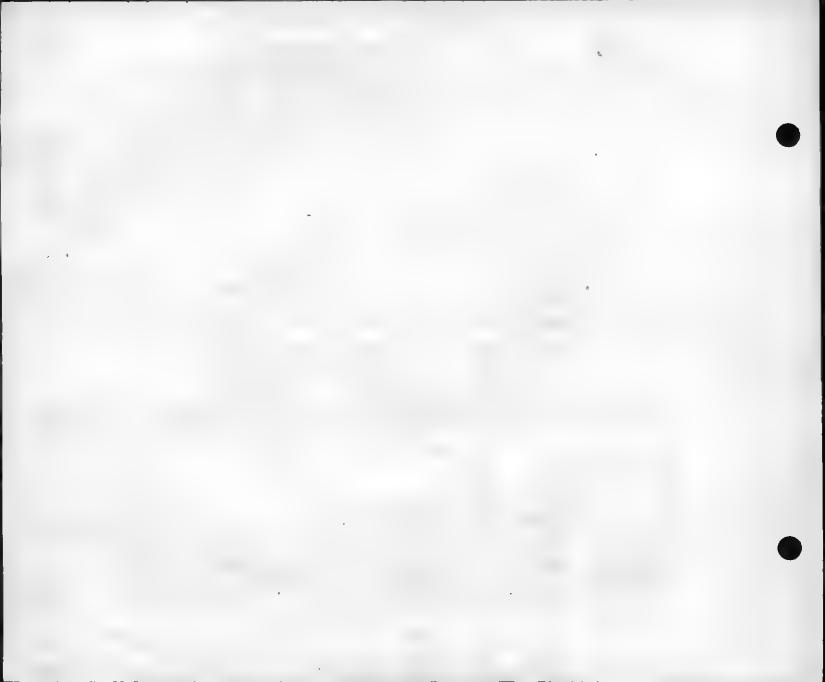
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### CERTIFICATE OF DEATH

_			
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen	ice before admission)
	n COUNTY	o. STATE b. COUNTY	
	Cecil MARYLAND	liaryland	ecil
	b CITY OR TOWN (If outside carporate mits, c LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside carparate limits, write RURAL and giv	B nearest tawn)
	FILTON	106 Maffit Ctmoot Dilto	n Tid
	1—220	136 Haffit Street, Elkto	
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspitar, give street address)	d. STREET ADDRESS	e IS RESIDENCE
F			ON A FARM?
U.	nion Hospital of Cecil County		YES NO 🔀
3	NAME OF First Middle	Last 4 DATE Month	Day Year
	DECEASED	OF 3.6	45 10 (0)
3	(Type or print) Willard W	Bryson DEATH Lay	15. 1968
S.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8 DATE OF BIRTH 9 AGE ( n years IF UNDER	I YEAR IF UNDER 24 HRS.
1	ale White WIDOWED DIVORCED DIS	9-17-05 (62st berthday) Months	Doys Haurs Min.
		77	
10	D. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, as fareign country) 12 CI	TIZEN OF WHAT
	ring most of working life, even if retired) INDUSTRY	Ellton Cecil Maryland	TI C A
	Parts Salesman Auto	Pariton decir mary rand	TIZEN OF WHAT DUNTRY? U.S.A.
13	. FATHER S NAME	14. MOTHER S MAIDEN NAME	
7	Walter J. Bryson	Saral Hoover	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. 1	NFORMANT Address	
	a for the second second second		
1,	es, no, or unknown) (17 yes give war or dates or service) 2/3-05-6/6/ Ald	ice E. Bryson (Wife) Same	
$\vdash$			INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY  Part may arry Endema		
	PART I DEATH WAS CAUSED BY Pulmorary Edema	,	2-ONSE AND DEATH
	16 dal DUE TO		
	Company of Ti	Tana and Tana	h- Month
	tise to immediate couse (o), (b) Carcinoma of Li	AGT, STIC TRITIES	11011011
	stoting the underlying cause DUE TO		
	lost. (c) Cardiac Failure		5- Days
-	PART J OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19 WAS ALTOPSY PERFORMED?
CERTIFICATION	1997		YES NO D
12			1 10   10   23
告		(Enter nature of unjury in Part I ar Part II af item 18)	
18	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL		CE OF INJURY (Home, farm, 20f (City or town) (Ca	unty) (State)
18		ory, street, affice bldg., etc.)	only) (sidle)
ž	p.m. 19 gt work at work	ory, street, arrive blug, etc.)	
		+/23/ 19 00 to 5/15/ ,19	68, that (I) (we) last
	21. I certify that (1) (this this that all attended the deceased from 19 00 and the	t death accurred at 2:39M, fram causes and an t	OC man (1) (whe) tast
	saw the deceased alive an 5/15/ 19 0C, and tha		
1	220. SJETNATURE	22b. D	ATE SIGNED
	Margare 6 XS 4 2000 MI	D PHYS. DIRECTOR D STAFF DIRECTOR D PHYS. D 5	-16-68
	The VERVENTY STATES AND TOUR STATES	22d. ADDRESS	
	NAME (Type) James I. Toknson i. D.		Canto Ma
	(MAME (Type) James L. Johnson H.D.	245 E. High St., Elkton	Cecil Md.
93		CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	O. BURIA., CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR		
18	REMOVAL (Specify) 5-18-68 NORTH FAST		ECIL MP.
	4 FUNERAL DIRECTOR P ADDRESS	2So REC'D BY REGISTRAR 2Sb. REGISTRAR S S	CHATUPS.
	17) FLET TO ECCO	I MAY ON 1949 16 XIA	illy judge
17	IPPIN FUNERAL HOME FLATER	DATE WITH A U TOYOU	11 0

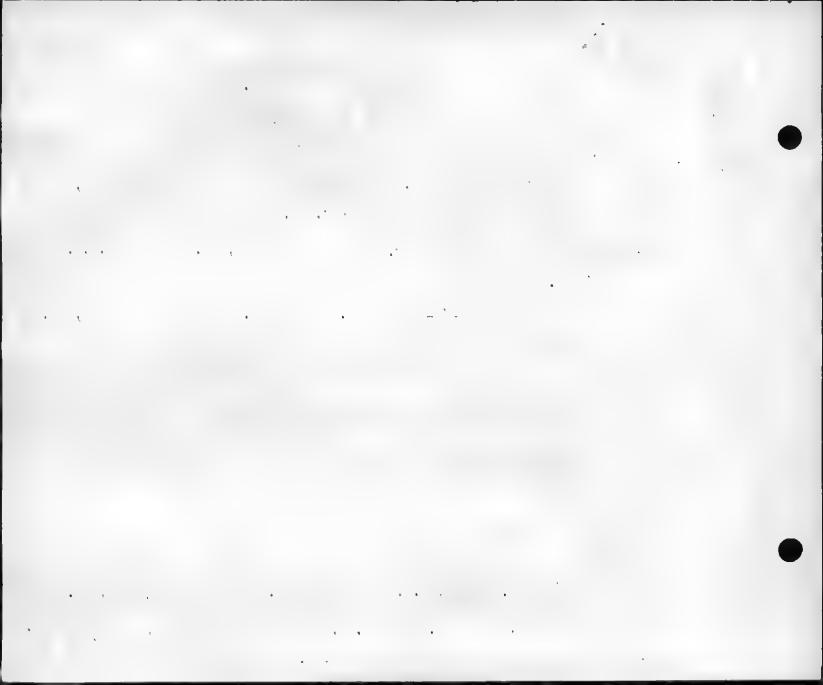
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th≡ death certificate be execute. I within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit perm.t. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician.

20 M 1/00



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2			100333		CERTIF	ICATE	OF	DEATH				\$	ļ.
Funeral Funeral France	Ī	٥	COUNTY (ecil		MAR	(LAND	o. ST	ATE De		b COUN	Y New	Castle	
hours affer n by the Tr			CITY OR TOWN (foutside corporate limits, write RURAL and give negrest town)		LENGTH OF STAY		1	Wilming	tside carporate lim	its, write RUR	AL and give ne		
let in paper	ķ	d	NAME OF HOSPITAL OR INSTITUTION (If not Union Hospital	ın haspital, give :	street address)		H	ET ADDRESS Limesto	ne Acres			e is resid On a fa	
d within letely frame or boar or hort, with		D	AME OF FIRST PROPERTY FOR STANDARD FIRST PROPERTY FOR STANDARD FOR STA	1	Middle A.	-	pbel		4. DATE OF DEATH	Manth		30, 19	68
executed and cample emove a can any even	2	5 5	Male 6 COLOR OR RACE White	7 MARRIED A	NEVER MARRIE			30, 18	92 last	(In years yrs		oys Hours	Min
	d	lurin	SUAL OCCUPATION (Give kind of work done grast of working life, even if retired)	(hemi	of Business or cal (o.			Fair H.	& State ar foreign o	ountry)	12 CTZE COUNT	S.A.	
the death certificate be to attending physician are t permit. Then please ration, ar removal, and in			FATHER'S NAME William H. Camp						NAME L Howett				
attending ermit.		IS (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes give wor or dates af NO	service	al security no. 8 <b>–2869</b>		nformal Ge		A. Campb	ell, F			
that the dan. by the attransit per cansit per		I	18 CAUSE OF DEATH (Enter only one cous PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (	( · ·	- T	y	in	tony	Fail	ul		ONSET AND D	
hysiciar hysiciar gned b urial-tru			rice to mined ate cause (n)	ony.	ruste	ie	8	refun	lin			24 du	us-
law required properties of the bior to be		1	stoting the underlying couse   DUE	() Car	onny	70	un	donse	)			10 du	7/4
4: The or after the has use as auth principle.	10120	CALIDI	PART II OTHER SIGNIFICANT CONDITIONS CO 420/									PERFORM YES	NO X
rsician aspital certifica hed far it. of He			200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						Part I or Port II af				
NG PHY y the h er this e detact ate Deg	1	MEDICAL	20c T ME OF INJURY Manth, Day, Year Haur o.m. p.m. 19	While of wark	Y OCCURRED Not While at work	fact	ary, street	URY (Home, form , affice bldg , etc.)		or town)	(Countr	,	(Stote)
ined by OIR: Aft			21. I certify that (I) (this hasp saw the deceased alive an		the deceased	fram_ and tha	4 - t death	accurred at	Giova M, fro	m causes	and on the	date stated	we) las d abave
OR AI be reto DIRECT ge 3 sh led with			220. SIGNATURE  221 / PHYS CIAN S	injer	ZI.	M.I	D. PHYS	MDING S	MED. DIRECTOR	STAFF PHYS.	1 5 DATE	d LB	
O HOSPITAL Page 4 may O FUNERAL director, pag should be fi	1 =	223	NAME (Type) Rolando A BURIAL (PEMATON, 236. DATE THE	. , ,	M. D.	ETERY OF		105 E. I	Main Str	- , 0	Ikton,	Md. (S	State)
Page 4 In Funel director should		B	REMOVAL (Specify)  FUNERAL DIRECTOR  FUNERAL DIRECTOR		t. John			emeteru	1 .		OLSTRAR S. SIGN		Molo
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**IN ATTENDING PHYSICKM:** The law requires that the death certificate be executed within 2" hours <u>after</u> death

lage 4 may be retained by th≡ haspital ar attending physician.

TO HOTFITAL

VR A15 (4), 30M REV 1,68

death

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CEKHIFICATE OF L	JEAIH				
	ECEASED-NAME First	Middle	Last	2a.	DATE OF DEATH			2b. HOUI
	Type or print) David	Hamilton	Clayton		May Month	18	1968	12 A
3 8		4. RACE	S. DATE OF BIR		6 AGE (in ye	rars FL	NDER , YEAR	HOURS M
L	Male	White	FEB,	7,188	84	YRS	IIII2 PACS	1,001.3
70	BIRTHPLACE (State or foreign intry)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARR	IED	INTY OF DEATH			
100	" / / d.	UJA	WIDOWED DIVORC	tD ☐ Ce	cil			
	CITY OR TOWN OF DEATH Elkton	give street address)	ISTITUTION (If not in haspital		UPATION (Kind of work working life, even if re		2b. KIND OF B	BUSINESS OR
	USUAL RESIDENCE (Where decease issian) STATE Marylar	d lived, if institution. Residence before 1536. COUNTY Cecil:		YES NO NO	13e. STREET AND NUN  LANDIN		ANE	
14	FATHER'S NAME FIRST	Middle Last	15 MOTHER'S MAI	DEN NAME First	M	ıddle		Last
	DAVID	CLAYTON	Y E	-LA		IAR-	SHA	46
160	WAS DECEASED EVER IN U.S. ARME Yes, na, of Lakpown) (If yes give wa	D FORCES? 16b SOCIAL SECURITY	NO. 17 INFORMANT  MARV	V.CLI		dress ELK	(ON,	Md.
	18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c)	))				APPROXIM BETWEEN ON	ATE INTERVA.
	PART 1, DEATH WAS CAUSED IMMEDIAT		ascular Fai	lure				min.
П	+ 11. or	DUE TO, OR AS A CONSEQUENCE OF					7	7
	Conditions, if any, which gave		Hemorrhage				T M	re <b>e</b> lk
	rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		0 41 0			lda	37
	last		of Aneurism				Lua	У
П	PART 2 OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(a)	20.		
NO		Arterio Sclero						
CERTIFICATION	196. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS P	YES 🗀	ио 🔼	205. IF YES, WERE FIN CAUSES OF DEATH?			RTIFYING
	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (Enter nature	e of injury in Port 1 or	Part 2, Item	18.)	
MEDICAL	(If either, natify medical examine	er) P.M. 1	19					
×	HIME HOLING	PLACE OF INJURY (AT HOME, FARM, STREET, FA			City or Town		ounty	State
	22g.   certify that (I) (Xin)	ve an 5-16-	sed from 4/13/6	3 , 19,	to_5/18	19 0	8_, that	(I) (we) I
	saw the deceased ali causes stated above,	ve an 5-16- (I) (ye) (did) that not view the	19 <u>68</u> , and that in (my body ofter death.	) (our) opinion (	death occurred an			
	22b SIGNATURE -	ruse Mi	DEGREE PHYS.	MED DIRECTO	R STAFF PHYS.	22c. DATE	18/68	}
	22d. PHYSICIAN'S NAME (Type) Luis	M. Cuza, M.D.	22e. ADDR 322		il Ave.,	North	East	, Md
230	BURIAL CREMAT ON, 23b D. REMOVAL (Specify)	ATE 23c NAME OF V21)968 EV	CEMETERY OR CREMATORY		LOCATION (C ty or Tov		Caunty)	(State)
	FUNERAL DIRECTOR	ADDRES:		2Sa. RECTO BY REGI	STRAR 2Sb KEG	ISTRAR'S SIGI	NATURE	100
ID	100 IN Englope	Henry Land (186)	05	DATE MAY	2 1 1968	McLion	K AN	To go



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my ures that the leath certificate lie executed within 24 hours after death.

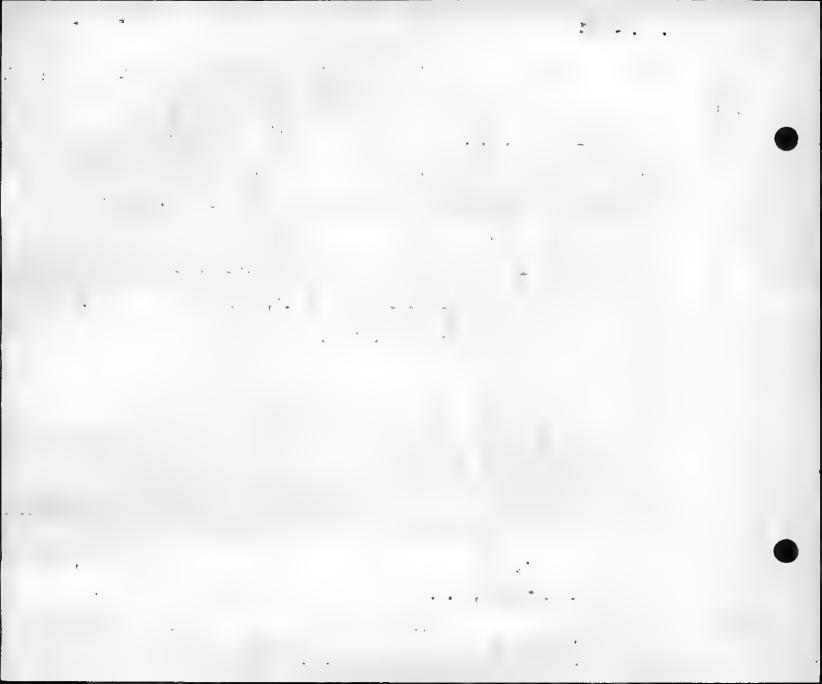
TO HOSPITAL OR ATTENDING PHYSICIAN: The low Trunes the Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			(	ERTII	FICATE	: OF	DEATH						2 6
. DECEASED-NAME	First		Middle		1	Last		2a.	DATE OF DEATH		_		2b. HOUR
(Type or prist)	James	3	Hull		El	liot	t _		Ma	y Y	12,	1968	3 9:00
SEX		4. RACE				ATE OF BI		- 0 - 0		E (In yea birthday)		IF UNDER : YEAR	1F JNDER 24 HRS. HOURS MIN.
Male		·	White		Ę	June	24,	1898	6	9	YRS "	OATS OATS	NOOKS MIN
. BIRTHPLACE (State	or foreign 75	. CITIZEN OF WI	HAT COUNTRY?	8. MARR	IED 📄 NE	VER MAR	RIED	9. COU	INTY OF DEATH				
iuntry) Illi	nois	U.S.	A.	Widow	/ED 🗌	DIVOR	SCED 🔲		Ced	il			N
Perry Po			AME OF HOSPITAL OR INS street address) Hospital	MOITUTIT	(If not in h	aspital			JPAT ON (Kind vorking life, er SMALD			INDUSTRY	BUSINESS OR
Ba USUAL RESIDENCE dm.ssion) STATE VIrg.	(Where deceased		on Residence before		or town		YES XX	r LWITS?	13e STREFT A	ND NUMB	BER		k Road
4 FATHER'S NAME	First Edward	Middle R	Elliott	1	1S. MOT	HER'S M	AIDEN NAME	First		Mid	dle		Last
60. WAS DECEASED E	VER IN U.S. ARMED	FORCES?	16b SOCIAL SECURITY N	10.	17 INFOR	MANT				Add	ress		
Yes na, ar unknowi Yes	(It yes give wor or	dotes of service)	213-38-92	31	VA.	Hosp	ital .	Reco	rds, Pe	rry	Poir	it, Mar	ryland
		ne couse per li	ne for (o), (b), and (c)	)									CMATE INTERVAL ONSET AND DEATH
			lassive Pu		narv	Emb	oli.	Bila	ateral				iden
Conditions, if an rise to immedia stoting the und last.	ote couse (a),(	(b)	AS A CONSEQUENCE OF Phlebothro AS A CONSEQUENCE OF	ombo	sis_	of d	leep :	leg	veins				
PART 2 OTHER S	SIGNIFICANT CONDIT	IONS CONTRIBU	TING TO DEATH BUT NO	OT RELATE	D TO THE	TERMINA	L DISEASE O	RCONDITIO	ON GIVEN IN PA	RT 1(0)			
19a. DATE OF OPE	RATION 196 COM	IDITION FOR WH	ITCH OPERATION WAS PE	RFORMED	2	Oo. AUTO			20b. IF YES, V CAUSES OF DE		NGS CON	NSIDEREO IN C	ERTIFYING
S OR CONTRIBUTING	WAS UNDERLYING CAUSE OF DEATH medical exominer)	21b TIME OF HOUR A.M. P.M.	F INJURY Month Day Year		c. HOW IN	JURY OCC	CURRED (En	iter nature	e of injury in P	ort 1 or F	Part 2, Ite	em 18.)	
While Not w	CURRED 21e. PLA	ACE OF INJURY	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.				et or R.F.D. I		City or Tov			County	State
22a. 1 certify	y that (V) XI)XIX I XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX	ended the decease XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX,	and the	ot in (24	23, 19. 193 (our) a	55_, pinion o	to <u>May</u> death accurr	12 ed on t	, 19 <u>_6</u> the date	e and have	and from th
22b. SIGNATURE	a.L.T	Neor	nou m.	D. 0		ATTENDIR PHYS	NG 🗆	MED. DIRECTOR	R STAF			TE SIGNED	1968
22d. PHYSICIAN'S NAME (Type	1	MOONEY				VA VA	RESS Ho <b>spi</b>	tal,	Perry	Poin	nt, N	Md.	
23a BUR AL, CREMATI REMOVAL (Specif	Y)			Hill	or crem L Cem					xand:	ria,	(County) Virgi	(Stote) .nia
24 FUNERAL DIRECTO WILLIAM	R Walter J.	Walf	ADDRESS FUNERAL HO	OME -	Alex	.Va.	2So REC D					IGNATURE	magr.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 has VR A15 (4) 30M REV. 1/68



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Ora 2o. DATE OF DEATH 2b. HOUR Glenn 6 AGE (In years 4 RACE S. DATE OF BIRTH last buthdoy) 1/6/93 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED [39 NEVER MARRIED] 9. COUNTY OF DEATH Cecil U.S.A. DIVORCED [ WIDOWED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired ) give street oddressUnion Hospital INDUSTRY Crane Operator Const. 13t CITY OR TOWN 13e. STREET AND NUMBER 13d. INSPOE CITY LIMITS? 13b. COUNTY Newark Maple Square Trailer Ct. IS MOTHER'S MAIDEN NAME First M ddle Elizabeth Glenn 17 INFORMANT 16b SOCIAL SECURITY NO 425-09-0635A Verna Glenn Same 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART 1, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) METASTATIC CARCINOMA 0,= Lun6. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO DO 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. Stote City or Town County 22a. I certify that (I) (this hospital) attended the deceased fram 27 JAN , 1968, to passent, 19, that (I) (we) last saw the deceased alive an 19, and that in (my) (one) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (did not) view the bady after death 22c DATE S GNED ATTENDING MED. DIRECTOR 5/7/68 DEGREE 22e ADDRESSElkton Medical Park, Elkton, Md.

23d LOCATION (City or Town)

250. REC'D BY REGISTRAR

Wilmington, N.C.

25b REG STRARS SIGNATURE

(County)

taw requires that the death certificate be executed within 24 hours after death. ban papers within 72 ha 10. CITY OR TOWN OF DEATH Elkton remave carban 130 USUAL RESIDENCE (Where deceased I ved, if institution Residence before In any 14 FATHER'S NAME Alenander and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? [ (It yas give war or dates of service) Yes, no. or unknown) ar remaval, signed by the burial transit p Conditions, if ony, which gove ) rise to immediate couse (a), Page 4 may be retained by the haspital or attending physician. stating the underlying couse: as the State Dept. of Health priar to 190, DATE OF OPERATION TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED While Not while of work 22b SIGNATURE 22d. PHYS CIAN S Robert L. Gray, M. D/ NAME (Type) director, should be 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 230 BURIAL, CREMATION, Gracelawn Mem. Park
ADDRESS 1250. RECT 24. EUNERAL DIRECTOR **VR A15 (4)** wick, Newark, Dela DATE 30M REV 1/68

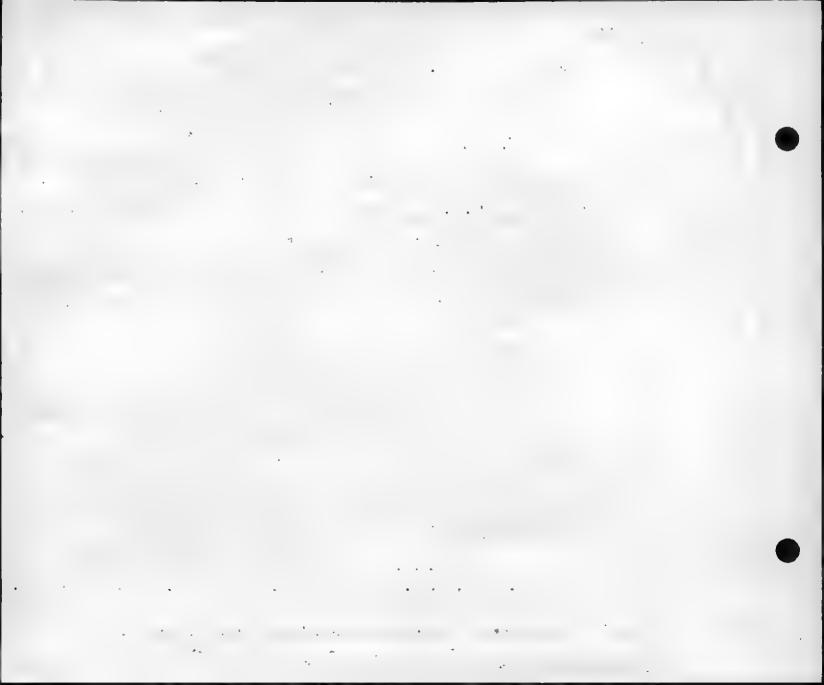
1. DECEASED-NAME

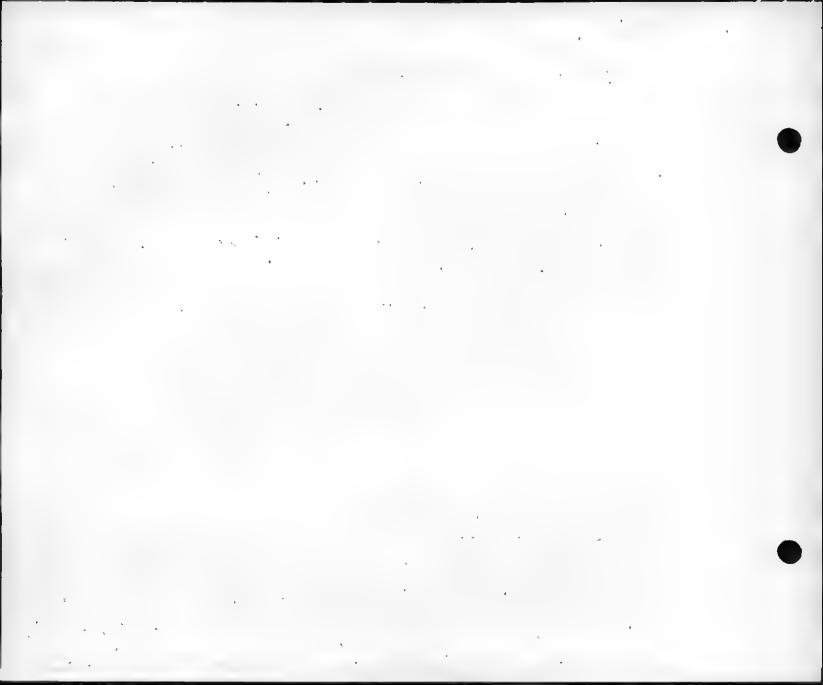
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(Type or print)

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requires that the death certificate be executed within 24 hours after death

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

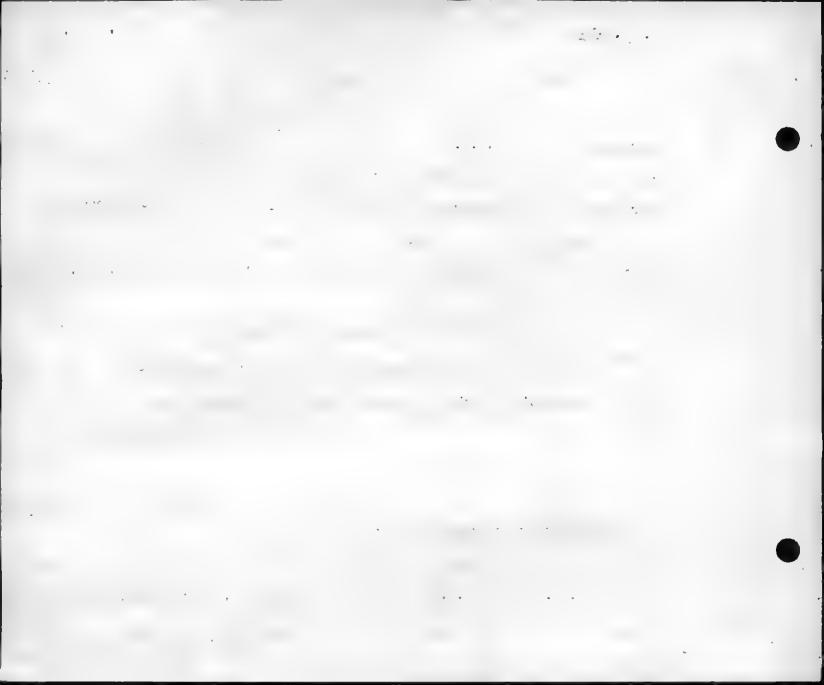
I. DECEASED-NAME First Middle Last 2g DATE OF DEATH 2b HOUR (Type or print) Month ARTHUR May KERROH 4. RACE 6. AGE (In years 3. SEX S DATE OF BIRTH last birthday) SHTHOM HOURS White July 6. Male 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED 🔀 Cec11 DIVORCED [ U.S.A. WIDOWED [ Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCUPATION [Kind of work done 12h KIND OF BUSINESS OR VA Hospital during most of working life, even if retired ) INDUSTRY Perry Point 13a USJA. RESIDENCE (Where deceased lived, if institution Residence before) 13c CITY OR TOWN 13e STREET AND NUMBER 3d INSIDE CITY JMITS? odmission) STATE Maryland 13b. COUNTY / -1 4 YES NO 674 Fayette Street Cumberland Cumberland 14 FATHER S NAME 15 MOTHER'S MAIDEN NAME First Middle Last Lost Unknown Keech Havden 16b SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN L.S. ARMED FORCES? 17. INFORMANT Yes, no, ar unknown) (If yes give war or dates of service) 217-48-2065 VA Hospital Records, Perry Point. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).
PART 1 DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH Septicemia 1 month MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Subacute bacterial endocarditis, mitral valve 1-2 mos Conditions, if only, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF type stating the underlying couse Bronchopneumonia, both lower lobes, aspiration, 1-2 mos PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Degeneration of right occipital lobe due to subdural hematomia 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? HO [ YES X 21g. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 23e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.E.D. No. City or Town County State While | Nat while | at work at wark 1 , 1926 , to May 5 , 1968 , XMKMXXXXXIXIXIX 22a I certify that (1) (this haspital) attended the deceased fram. May 28 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) VA Hospital. A. L. MOONEY, M.D.I Perry Point. Maryland 23b. DATE NAME OF CEMEJERY OR EREMATOR BURIAL, CREMATION, REMOVAL (Specify) 256 REGISTRATES SIGNATURE 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR 1968

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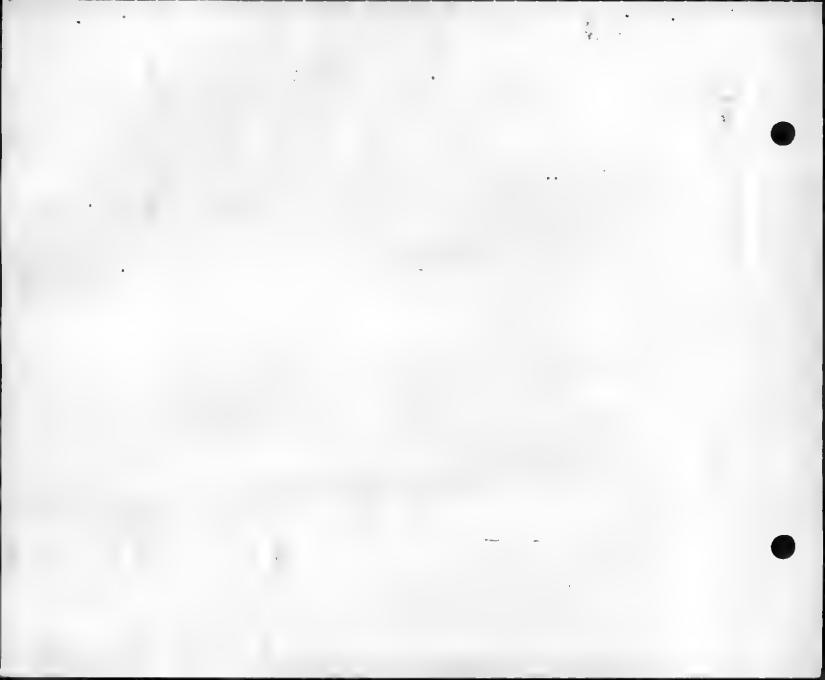
DATE

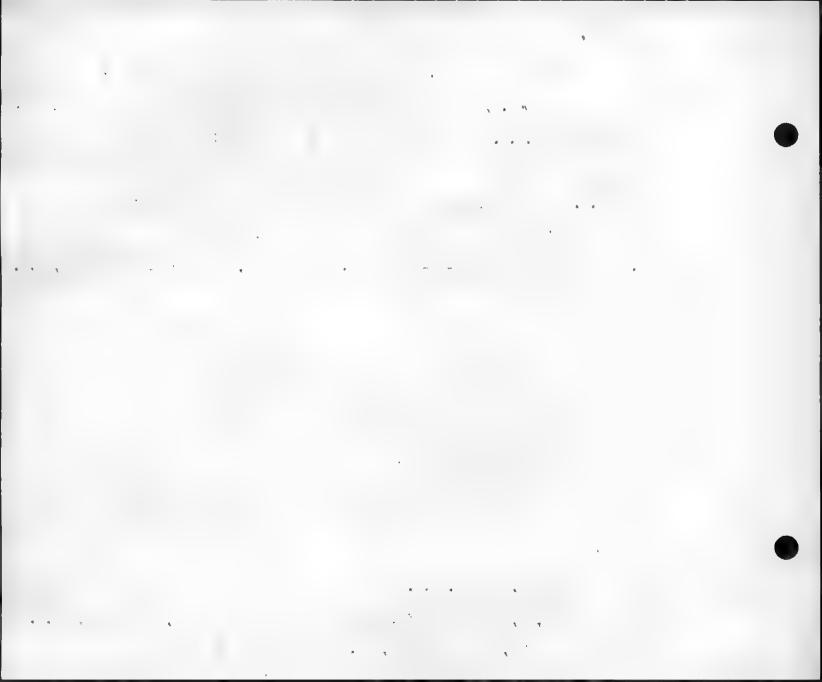
TO FUNERAL DIRECTOR: After ro Hospital or Attend Page 4 may be retained director, page 3 shauld shauld be filed with the VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Inst 2n DATE OF DEATH First Middle DECEASED NAME 2b HOUR requires that the death certificate be executed within 24 haurs after death deot (Type or print) Month uneral M.eccore Kettering 3. SEX 4 RACE 5. DATE OF BIRTH IF LINDER I YEAR 6 AGE (In years IF UNDER 24 HRS lost buthday) White 6-27-15 Hale 70 BIRTHPLACE (State or foreign **7b CITIZEN OF WHAT COUNTRY?** 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [ WIDOWED TO 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Hospital Perry Point . 1Md. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? I3e STREET AND NUMBER odmission) STATE 13b. COUNTY A ≤ YES Maryland 3219 Kealer Rd. Baltimore remove **QU** 14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle 160 WAS DECEASED EVER IN US ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes, no, or unknown) (If yes give war or dates of service) or removal, 212-16-3571 VA Hospital. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE to) Conditions, if ony, which gove ) signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the prior tal has been 19b CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? YES [ NO Z Health Page 4 may be retained by the maspinar of FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work ot work TENDING 22a. I certify that (I) (this haspital) attended the deceased fram..... , 19 \_\_\_\_, to\_ , 19. \_\_\_\_, that (I) (we) last and that in (my) (aur) apinian death accurred on the date and hour and from the saw the deceased alive an.... director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b, SIGNATURE? 22c. DATE SIGNED DEGREE DIRECTOR 22e ADDRESS PHYSIC AN S NAME (Type) (Stote) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) BURIAL, CREMATION, BALTE. OAK MO ADDRESS 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Charles 30A4 REV 1468

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 HOUR 20. DATE OF DEATH DECEASED-NAME First Middle Lost requires that the death certificate be executed within 24 hours ofter death (Type or print) P Charles W. LINN 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS. 6 AGE (In years lost birthday) MONTHS HOURS Male White 10-5-94 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Shade Gap. Pa. U.S.A. WIDOWED 3 DIVORCED [ Cecil County campletely filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress during mosa of working life, even if retired.) INDUSTRY carban Perry Point Hospital and in any event, 130 USUAL RESIDENCE (Where deceased lived, if Institution, Residence before, 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE Penna. 810 Delray St. YES X NO | remove Phila 14 FATHER'S NAME Lost 15 MOTHER 5 MAIDEN NAME First Samuel Linn Lucinda Renieker physician a 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address d by the attending physici I-transit permit. Then ple I, cremation, or remaval, a Yes, go, or unknown) (11 yes give war or dates of service) 716-07-25-34 VA Hospital Records - Perry Point. Maryland APPROXIMATE INTERVA 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I, DEATH WAS CAUSED BY Bronchopneumonia. bilateral IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Conditions, if ony, which gove: Pulmonary embolus of Right Lung. massive rise to immediate couse (a), ò DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 195, CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 3 NO -O FUNERAL DIRECTOR: After this certificate by the haspital ar 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INSURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) for OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year detached for the Dept. of h (If either, notify medical examiner) P.M. ( AT HOME, FARM, STREET FACTORY ) 21F LOCATION Street or R.E.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work ATTENDING 5-17-68 19 22a 1 certify that (\$\frac{1}{2}\$ (this haspital) attended the deceased fram... to\_5-27-68 causes stated abave, (1) (we) (did) (did not) view the bady ofter deoth. and that in (my) (aur) apinion death occurred on the date and hour and fram the be retained 22c. DATE SIGNED 22b. SIGNATURE director, page 3 should be filed v DIRECTOR 22e. ADDRESS 22d. PHYS CIAN S A. L. MOONEY VA Hospital - Perry Point, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 236 DATE 230 BURIAL, CREMATION, LOCAT ON (City or Town) (County) Sunset Memorial Park R. REMOVAL Specify) DESCRIPTION - PENNON 13 REC'D BY AREGISTRAN VR AT5 (4) 30M REV. 1/68 FUNERAL HOME 18

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C/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12.053
HEALTH DEPT.			Day Year 2b HOJR
2 5 8 5 2	1 '	(ype or Print) for athan E. Mann DEATH MATED - 7-	10- 1968 9 A.M
deloy	3 5	S DATE OF BIRTH B AGE (In years 4 UNDER 1 TEAK A CONDER 24 PKS. 2c, DATE PRONOUNCED DEAD	2d HOUR
P 8		M 1 ( 5-36-1895- 72 YRS MAY'NS DAY'S HOURS MAN Month Day	Year 1968 9.5 dm
8 2 3		3 RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
2 (2)	COUI	DENIACKY 6 314 WIDOWELD DIVOKED CECT	Md
deoth w to for	10.	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital during/fips) of working I (e. even if retired)	126 KIND OF BUSINESS OR
r d g v		confulle cecil the kellned	7.6.6
s ofter 18. Give 19. o.ong 2 with the	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13-0 (ITY OR TOWN 13d INSIDE (ITY URTS? 13e STREET AND NUMBER dmission) STATE 1/3 2 (100 INSIDE COUNTY )	
hours item 18 Office of and 2 v	<u> </u>	Many Jahra (SCI) Velin Julie La Lecil Zich	<u>e                                      </u>
	19	ATHER'S NAME First Middle Cost IS MOTHER'S MAIDEN NAME First Middle	lost,
hin 24 nal in niner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Danie!
		es no, or unknown) (Hyas give word dates of service)	ulla mil.
		18 CAUSE OF DEATH (Enter anly one cause per line for (a) (b), and (c).)	APPROXIMATE NTERVAL
be executed 'pending' in ief Medicol E insit permit. F event within		PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
d be executed of pending of the Medical Chief Medical from the room of the formation of the medical of the medi		14/27 DUE TO, OR AS A CONSEQUENCE OF	1,000
be exit pend i.ef Me insit po event		Conditions, if any, which gave	
word word the Ch		rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF	
요 > 는 별 는		lost (c)	
a = 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	I z	1206	
is certificative, writing in forwarded as one used as one removal, on	Ĭ	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20 AUTOPSY?
in the second	CERTIFICATION		YES NO
. Te di		210. EXTERNAL CAUSE WAS 2.b TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING HOUR A.M. 4 7-7-9  21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, in the contribution of the contribution)	rem 18)
MINER: the certif I should r files 3 should mation,	MEDICAL	CAUSE OF DEATH PM 3-10-19 68 Natural Causes  21d NJURY OCCURRED 21e PLACE OF NJURY (At home, form, street, 21f LOCATION Street or R F D No City or Town	County State
KAMINER te the cer je 4 shou your files oge 3 sho cremation		factory affice pulging etc.)	CEC / CAC
L EX.		ATWORK AT	
CAL: Exe for P ed fo CTOR		22a. I <b>certify</b> that I taok charge of the remains described above, held an Autopsy, Inspection, Inquiry death resulted fram. Natural causes Accident, Suicide, Hamicide, Undetermined manner	
ose ose vined REC REC			
Page 15		ACTUAL CHIEF MEDICAL EXAMINER 225 DATE	SIGNED
Ory, nerg be be Pr		DEPUTY MEDICAL EXAMINER	5-11-68
o DEPUTY DICAL EXAM necessory, gleose execute the funeral director Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health pror to bur al, crem		NAME (Type) / . (man ) Jehnsen M.D. ADDRESS(Street, city town, or county) 123. 5: - 5	ierly Aus Elkhin
5 + 2 5 F F F F F F F F F F F F F F F F F F	230	BORIAL (REMATION 23b DATE 23c NAMY OF CEMETERY OF FREMATORY 23d LOCATION (City of Jawn)	(Caymty) (State)
NP	K	Street 5/14/68 Beller Hem. Gerden Delber 1	afred Md.
N8 41511 (C)	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGIST	SIGNATURE Judge
VR A15ME (5) 10M REV. 1/68	1	TCP ( Mayerson Xmylerranche Mar 11 1968 F	and hard



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1111954 1 DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR and 2 death. The law requires that the death certificate be executed within 24 hours after death (Type or print)-Month 2 / Doy 000 IF LINDER 24 HRS 4 RACE DATE OF BIRTH 6. AGE (In years F JNDER I YEAR 3 SEX 9 W 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED [ WIDOWED X filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street address) ducing most of working fe even if retired) INDUSTRY remove carbén campletely and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INS DE CITY JIMITS? CITY OR TOWN 13e STREET AND NUMBER YES DY NO 14 FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle please SOCIAL SECURITY NO 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? the attending phys remayal, 18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c) ) Arterioxclerotic Heart Disease. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Apintaniadal IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the Conditions, if ony, which gove ) Myocardial Infarction rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) by the haspital ar attending as the priar ta O FUNERAL DIRECTOR: After this certificate has been Shock due to Myocardial infarction. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 be detached far use State Dept. af Health 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote Whe Not while at work OR ATTENDING 22a. I certify that (1) (this haspital) attended the deceased from 19 68, to 21 may, 19 68, that (1) (we) last 7.1 M. and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive an Page 4 may be retained director, page 3 should shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22h SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS 22d PHYSIC AN'S 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) 236 DATE 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) BUR AL CREMATION RLEIGH CAMDEN REGISTRAR'S SIGNATURE

DATE

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED: NAME Middle Lost 2n DATE OF DEATH 2b HOUR (Type or print) William N. MC KELVY 6:15a. S DATE OF BIRTH 3. SEX 4 RACE NE HINDER 24 HRS 6. AGE (In years last birthday) White Male 1-24-00 76. CJIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign requires that the death certificate be executed within 24 hour 8. MARRIED NEVER MARRIED New York U.S.A. WIDOWED DIVORCED [ Cecil County 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) during most of working ( fe, even if retired ) INDUSTRY Perry Point Hospital Brig Ceneral-Retired Marine Corp. 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE ince George Hyattsville YES NO 3000 Lancer Drive remave 14 FATHER'S NAME First M.ddle 15. MOTHER S MAIDEN NAME First Lost William N. Lucy Martin McKelvy please 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes no ar unknown) Yes ned by the attending physical-transit permit. Then plain, crematian, or remayal, 564-40-94-72 VA Hospital Records - Perry Point, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY BRONCHO-PNEUMONIA 10 days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burnal-transit p (anditions, if any, which cove) Chronic Obstructive Bulloux Exphysema Years rise to immediate cause (o). DUE TO OR AS A CONSEQUENCE OF storing the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the prior to b O FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AJTOPSY? 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [ 21a ACCIDENT WAS JNDERLYING 1215 TIME OF INLURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) ģ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year 9 (If e ther, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat white 22a 1 certify that () (this haspital) attended the deceased from 2-22-00 onexpendence entition of the contraction of the con , and that in (xax) (aur) apinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE director, page should be filed PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS WALTER D. GUNDEL, M.D. NAME (Type) VA Hospital - Perry Point, Md. 230 (BURIA) CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b. DATE (County) (Stote) REMOVAL (Specify) Arlington National Ft Myer, Virginia 24/ FUNERAL DIRECTOR 25g REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68



CERTIFICATE OF DEATH DECEASED NAME First Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Month > Doy MAJAZER 3. SEX 6. AGE (In veors 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED TI NEVER MARRIED CECIL WIDOWED 5 DIVORCED [ NAME OF HOSPITAL OR INSTITUTION (of not in haspital 12a, USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR during most of work pa-life, even if retired ) 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO [ YES T 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County Wh.le Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram 8 10 , 1955, to 5 2 , 1968, that (1) (we) last saw the deceased alive an 3 2 5 1968, and that in (my) (our) opinion death accurred an the date and haur and fram the couses stated abave, (1) (we) (did) (did not) view the body ofter death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING PHYS 22e ADDRESS NAME (Type) LIJE. MAINST-23d LOCATION (City or Tawn) 2So REC'D BY REGISTRAR 30M REV 1/68

that the death certificate be executed within 24 hours after deal

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Page 4 may 1

O FUNERAL

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME First Middle requires that the deoth certificate be executed within 24 hours after death (Type or print) IF UNDER 1 YEAR 6. AGE (In years 3 SEX last birthday) MONTHS White Feb. 1886 Female 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED TO DIVORCED Cecil Delaware 11 NAME OF HOSPITAL OR INSTITUTION (If not to bospital ID CITY OR TOWN OF DEATH 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working ife, even if ceticed) INDUSTRY remove corbon Elkton Devine Tousewife 138 INSIDE CITY EMITS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13b COUNTY 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First First Hamilton Widdoes Thomas Tiza Address 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates of service) Yes, no or unknown) 139-05-165 APPROX MATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (s)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremofion, DUE TO, OR AS A CONSEQUENCE OF signed by the Conditions, if any, which gave) nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF by the hospitol or attending physicion. stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) the O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO Z 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) وز TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while at work of work 22a. I certify that (1) (this hospital) attended the deceased from \_\_\_\_\_ 1958,10 1968, and that in (my) four apinian death occurred an the date and have and from the saw the deceased alive an. causes stated above, (1) (we) (did) (did) (view the bady after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE PHYS DIRECTOR director, pogm 3 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 236 DATE (County) 230. BURIAL, CREMATION Cherry Hill Cherry Hill Cemetery Meth. 25g. REC'D BY REGISTRAR 2Sb REGISTRAR'S S'GNATURE 24. FUNERAL DIRECTOR 1968 30M REVI Elkton. DATE



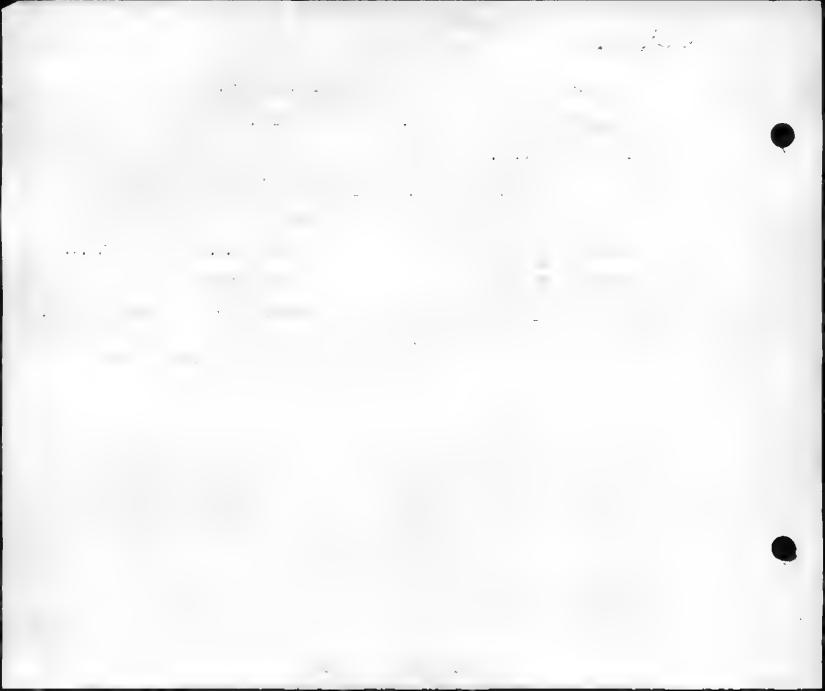
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

250

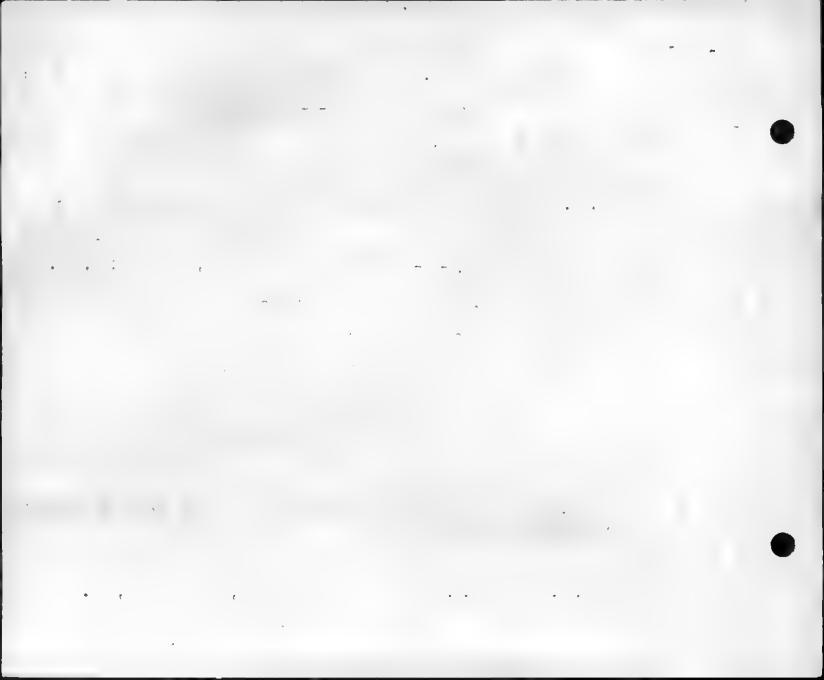
FOR STATE HEALTH DEPT. Pogo o to any delay is 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of in pencil in Item 18. Give Poges 1, 2, and P.M3 necessory, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2 the funeral director Page 4 should be forworded to the Chief Medical Exominer's Office along with form This tertificate should be executed within \$4 haurs after death, If Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death AL LEAMINER: VR A15ME (5) 6M 1/67

	PLACE OF DEATH		-				2 USUAL RESIDENCE		ed lived, if institu		e before admis	sion)	
	o COUNTY Ce	cil			MARYL	AND C	neida, New	York.	p. (UI	TINC			
	b CITY OR TOWN (I	f autside corporate limit	is,	ε. Ι	LENGTH OF STAY IN		c. CITY OR TOWN (If o		te limits, write RI	JRAL and give	neorest town)		
	Perryvi	give neorest town)	Yr. 25	days	Oneida								
П		AL OR INSTITUTION (If n	treet oddress)		d. STREET ADDRESS				e. IS RES	IDENCE FARM?			
	VAH Perry Point, Md.										YES	NO Z	
	NAME OF DECEASED	F	ırst		Middle		Lost	4 DATE OF	Moi			109	
	(Type or print)		Idwar	d	I. M	oran		DEATH		ìУ	31 19		
5.	SEX	6. COLOR OR RACE	7. MARRI	ED	NEVER MARRIED		. DATE OF BIRTH	9	AGE (In years ost purthday)	IF JNDER 1 Months	Doys Hours	ER 24 HRS.	
	Male	White	WIDOW		DIVORCED	*	6-27-17		ost burthdoy) 50 yrs				
	, USUAL OCCUPATION ing most of working	(Give kind of work done life, even if retired)	106	KIND O	F BUSINESS OR Ry		11 BIRTHPLACE (Stote	e or foreign co	untry)	cot	IZEN OF WHAT JNTRY?		
	Carpent						Oneida			U.	S.A.		
13.	FATHER'S NAME	34					14 MOTHER'S MAIDEN						
le.	Walter			11 0000		T 17 0	Goldie	Torre		ress			
(Ye	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service)		L SECURITY NO						11. 313		
	Yes	MM 5			24-5718	VA	Hospital I	Records	s Pe	rry Po	int,Md.		
		ATH (Enter only one co H WAS CAUSED BY:					20040				INTERVAL B ONSEL AND Sudde		
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	Conditions if only	DUI		seve.	re Arteri	LOSC.	lerotic cor	onary	neart a	Lsease			
	nse to immediat	Conditions, if only, which gove ) (b)											
	stoting the under	stating the underlying cause (c)											
	PART II, OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0)										19 WAS AUTOPSY		
NO.	436	on call constitutions	COULTRIBOTH	10 10 01	ATT BOT HOT KEEN	10 10 1	TE TENNY THE BIJETINE CO				PERFOR YES XX	MED?	
5	200 EXTERNAL CA		20b	DESCRIB	E HOW INJURY OCC	URRED (	Enter noture of injury in	Port I or Port	I II of item 18.)				
CERT	PRIMARY ( or COI CAUSE OF DEATH	NTRIBUTING							,				
CAL		JRY Month, Doy, Year	20	d INJJRY	OCCURRED	20e PLAC	E OF INJURY (Home, for	m, 20f	(City or town)	(Cou	inty)	(Stote)	
MED	Hous g.n	10		hile wark 🔲	Nat While of work	facto	ry, street, office bldg., etc	)					
		y that I taak chara				ive. hel	d on Autopsy .	Inspect	ofi. ✓ Inc	uiry 🗍,	and in my	opinian /	
	death result		alcauses		Accident 🗍	Suici			ndetermined i		,	,	
		CHIEF MEDICAL EXAMINER											
	ACTUAL SIGNATURE	The -	1		(MA		M.D. ASSISTANT ME	DICAL EXAMINI	ER 🔲		22. DAT	E SIGNED	
	EXAMINER'S				KI.		DEPUTY MEDIC	CAL EXAMINED	TX.		3/	4/95	
	NAME (Type)	HEARY		AUL				et, cty, town.		1271KE	-0117	170	
230	BURIAL, CREMAT C		/ .	4	BL. MATE OF CEMET	ERY OR	DEMATOR /	23d 10	CATION (Lity OF T	own)	(County)	(State)	
1	rerech	1 4/10	6-6	3 1	neamo	ul	at em	1	erum	ALC.	CHAI C	7	
24	FUNERAL DIRECTO	124/	01		ADDRESS	110	4	D BY REGISTR		REG STRARS SI	as Jud	وال	
1	111 11 /	11/11/6/10	1 Wh	1.	MIHION	118	DATE.	JIV T	IJOD /	7	1 1	7	



MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	40 0 40 11 11 11 11		CERTIF	ICATE OF	DEATH			4.3		
	ECEASED-NAME First Type or print) Erne	est Lealand Ott		Lost		20 DATE OF DEATH  May Month 27	Yes	2b. HOUR 4.15 PM		
3 5	FX	4. RACE		S. DATE OF B		6 AGE (In years	F JNDER YEAR	IF UNDER 24 HRS.		
$\mathbb{N}$	Male	White		July :	14, 1891	lost birthdoy)	MONTHS DAYS	HOURS MIN.		
7o. cou	BIRTHPLACE (Stote or foreign intry) Penna.	76. CITIZEN OF WHAT COUNTRY? USA	8 MARRIE WIDOWI	ED NEVER MAI	KKIEU	COUNTY OF DEATH Cecil		Md		
10.	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize JSUAL OCCUPATION (Kind of work done give street oddress) Union Hospital during mast of york and life, even if retired)  120 JSUAL OCCUPATION (Kind of work done during mast of york and life, even if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of york and life, even if retired)  12 JSUAL OCCUPATION (Kind of work done during mast of york done during mas									
13a odm	USUAL RESIDENCE (Where deceose hission) STATE Maryland	d lived, if institution. Residence before 13b. COUNTY Cecil	e 13c CITY Elkt	OR TOWN	YES NO		ST.			
14.	FATHER'S NAME Y First	Middle Lost		IS MOTHERS M	A DEN NAME First	Middle		Lost		
L	J. Allen Ott			Sara	n Jones					
160	WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give wo Yes WW	ED FORCES? If do to sol service) 16b. SOCIAL SECURITY 214- 03-0		<sup>7</sup> INFORMANT Leonard	Clayton	Address		ira St.		
	PART I, DEATH WAS CAUSED	y one couse per line for (o), (b), and (c)  BY  TE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE O  (b),  DUE TO, OR AS A CONSEQUENCE O	AS A CONSEQUENCE OF COLL DISEASE							
- S	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?							ERTIFYING		
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examination)	HOUR A.M. Month Day Yes		HOW INJURY OC	CURRED (Enter no	iture of injury in Port 1 or Port 2	, Item 18.)			
W	While Not while of work	PLACE OF INJURY ( AT HOME FARM, STREET, I OFFICE BUILDING, ETC		LOCATION Stre		City or Town	County	Stote		
	22a. I certify that (I) (this hospital) attended the deceased from (I) (we) la saw the deceased alive an (I) (we) la saw the deceased alive an (I) (we) laid) (did not) view the body ofter death.									
	226 SIGNATURE  ATTENDING  ATTENDING  ATTENDING  DIRECTOR  STAFF  PHYS  22c DATE SIGNATURE  22c DATE SIGNATURE									
	122d. PHYSICIAN'S NAME (Type) HENDRY V. DAVIS MO (SHESAPENICO C184 H)									
4	BLRIAL, CREMAT ON, REMOVAL Specify) 23b. D	-28 (& 23 PM		OR CREMATORY	1000 T	3d LOCATION (City or Town) BALTIMORE	(County)	(Stote)		
24. G	FUNERAL DIRECTOR JOHN CONTROL	Howe Nort	1301 4 Ea	Stud	DATE MAY	EGISTRAR 25b. REGISTRAR 3 1 1968	S'SIGNATURE	edge :		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dea TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Programmer of the state Dept. of Health prior to burial, cremation, or removal, and in any event, within the state Dept. of Health prior to burial, cremation, or removal, and in any event, within the state Dept. Page 4 may be retained by the haspital or attending physicion.

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VR A15 [4] 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED NAME First 2a DATE OF DEATH 2b. HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. and (Type or print) Month May James Painter Henry IF HNOFR I YEAR IF LINDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years lost birthdoy) MONTHS Male White YRS 1896 70 B RTHP\_ACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED | NEVER MARRIED Virginia completely filled in nave carban papers Cecil U.S.A. DIVORCED [ 12a USDA, OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION ( final in haspital 126 KIND OF BUSINESS OR give street address) Union Hospital during most of warking life, even if retired ) INDUSTRY remave carban Elkton Laboring Work 13e STREET AND NUMBER 130 JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE 13b COUNTY Elkton 114 Bow St and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Painter Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) burial, crematian, or remayal, 218-12-3599 Elkton Joseph F. Painter APPROXIMATE INTERVA 1B. CAUSE OF DEATH (finter on y one couse per line for (a), (b), and (d).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY VASCULAR 12 hocks eresial IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the signed by the burial-transit p Canditions, if ony, which gove ) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta has been PERTENSION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [ certificate 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJIRY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.E.D. No. State City or Town County O FUNERAL DIRECTOR: After this While Not while at work 19.68, to 5 MAT ..... 19 6-5 that (1) (30e) lost 220. I certify that (I) (this hospital) attended the deceased from 5 may \_196 ond that in (my) four point opinion death occurred on the date and hour and from the sow the deceased alive an 5 ma7 page 3 shauld be filed with the causes stated above, (1) (\*\*\*) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e. ADDRESS 22d PHYSIC AN'S NAME (Type) Robert Elkton Medical Park directar, shauld be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE (County) - REMOYAL (Spacify) Ebengzer Cemetery Bbenezer. Cecil 250. REC'D BY REGISTRAR 19686 REMETERAL SIGNATURE 24. FUNERAL DIRECTOR 30M REV Elkton. inerals



23c. NAME OF CEMETERY OR CREMATORY

North East, Md.

North East, Methodist

23d. ±OCATION (City or Town)

North East

25a, REC'D BY REGISTRAR

(County)

Cecil

2Sb. REGISTRAR S SIGNATURE

(State)

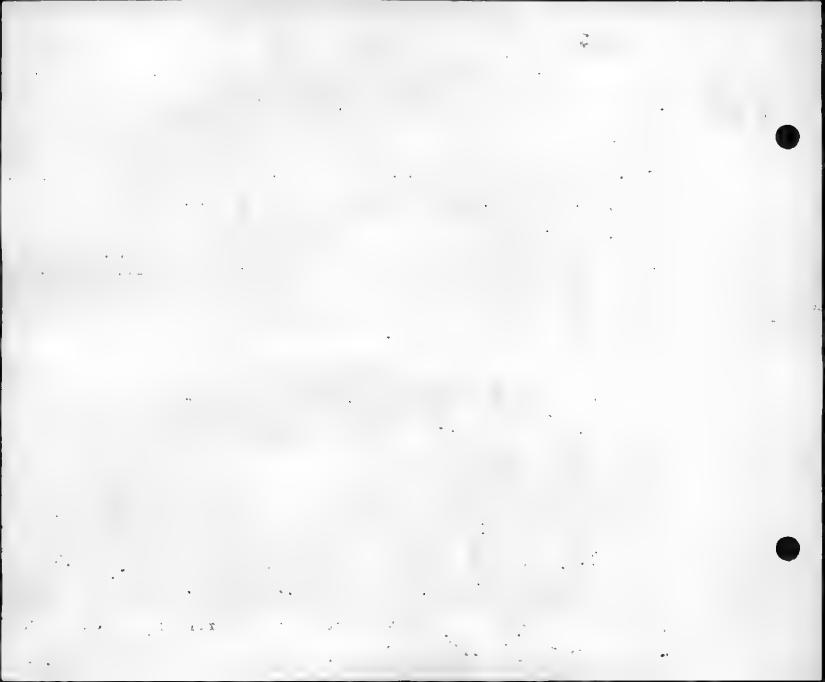
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30M REV, 1/68

24 FUNERAL DIRECTOR Funeral

BUR AL, (REMATION, REMOVAL (Specify)

5-29-68



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 Item #11 & 23b Film #6400 5/21 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY CEC11 MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 13 Y RS RISING SUN RISING SUN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS IS RESIDENC ON A FARMS REYNOLDS AVENUE 3 NAME OF First Middle 4 DATE Month DECEASED F. MARION MAY RAWLINGS 1968 (Type or print) that the death certificate be executed 6 COLOR OR RACE S SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE ( n veors IF UNDER 1 YEAR IF UNDER 24 HRS. lost b thday) AUG. 2,1912 MALE and in any WHITE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (Coupty & Stote or foreign country) 12. CITIZEN OF WHAT physician a POST OFFICE during most of working life, even if retired) COUNTRY? CECIL LO.M. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, RAWLINGS FRANCIS REORGIE MC MASTER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, no or unknown) (If yes give wor or dotes of service) RAWLINGS, RISING SUN. 216-05-8932 LOUISE crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any/which gave rise to immediate couse (a), **DUE TO** stating the underlying couse by the haspital ar attending Ф prior to lost. GS O 19. WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? far use Health NO 20o ACC DENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18 ) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work of work 21. I certify that (1) (this haspital) attended the deceased from 1967 to 5-19 Page 4 may be retained 19 6 8 and that death accurred at 40 M, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an\_ 22a. SIGNATURE 22b DATE SIGNED STAFF PHYS DIRECTOR director, page s 22c. PHYSICIAN'S NAME (Type) 23c BURIAL CREMATION. 23h DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) CEMETAR RISING SUN, CECIL MJ BURIAL 24 FUNERAL DIRECTOR PALPH M. REED 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

RISTNE SUN, MD

VR A15 (4)

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CERTIFICATE OF DEATH Lost 2a. DATE OF DEATH Middle 26, HOUR DECEASED NAME Month 5 (Type or print) REEVES Yeor 68 MITTIATM H IF INDER 24 HRS S. DATE OF BIRTH 6 AGE (In years 4 RACE 3. SEX last birthday) HOURS MONTHS 4-18-08 White Male 60 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED TENEVER MARRIED New Jersey USA C D D3WODIW DIVORCED [ Cecil 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH Que street oddress) Veterans Administration during most of working life, even if retired) Glass Perry Point 13d INS DE CITY LHAITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN odmission) STATE 13b County mberland YES 3 NO 400 W. McNeal Street Millville Middle 14. FATHER S NAME Lost IS MOTHER'S MAIDEN NAME First First Middle (D) Flowers (D) Adeline William Reeves 17. INFORMANT Address 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes no or unknown) 146-07-7018 VA Hospital Records, Perry Point, Md. 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY Ventricular fibrillation sudden IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave a Coronary thrombosis nse ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arteriosclerotic heart disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH® NO [ YES TE 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d NURY OCCURRED (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. State 21e PLACE OF INJURY City or Town County While Not while at work 220 I certify that (this haspital) attended the deceased from Jan. 22, 1968, to May 11 couses stated above, (1) (we) (did) (style not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS 5-13-68 DEGREE PHYS DIRECTOR 220. ADDRESS VAH, 22d PHYSICIAN'S Perry Point, Md. MOONEY. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION, (County) Greenwood Mem. Park Millville umberiand 25g REC'D BY REGISTRAR

MIDATE A

FUNERAL HOME, PERRYVILLE,

VR A15 (4) 30M REV 1/68

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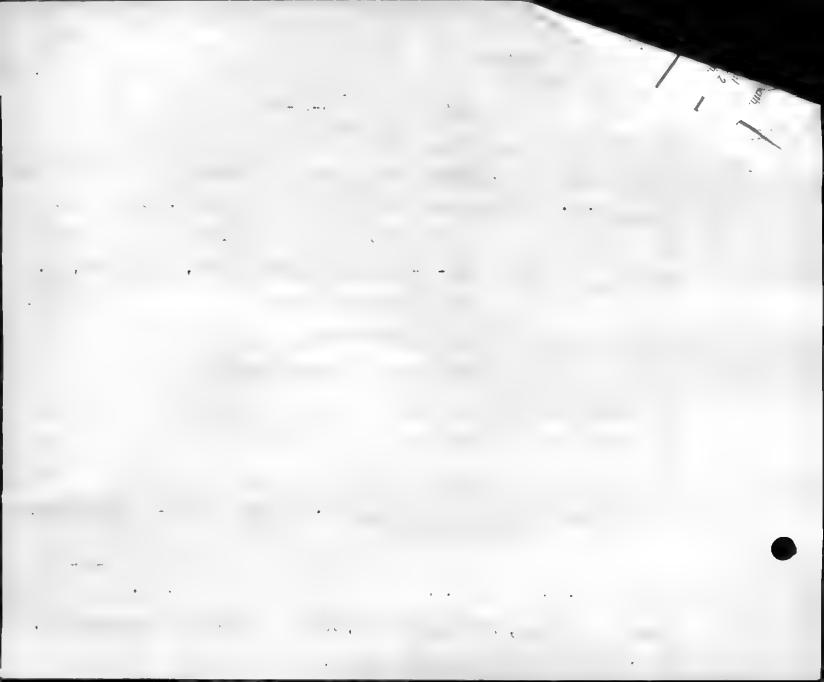
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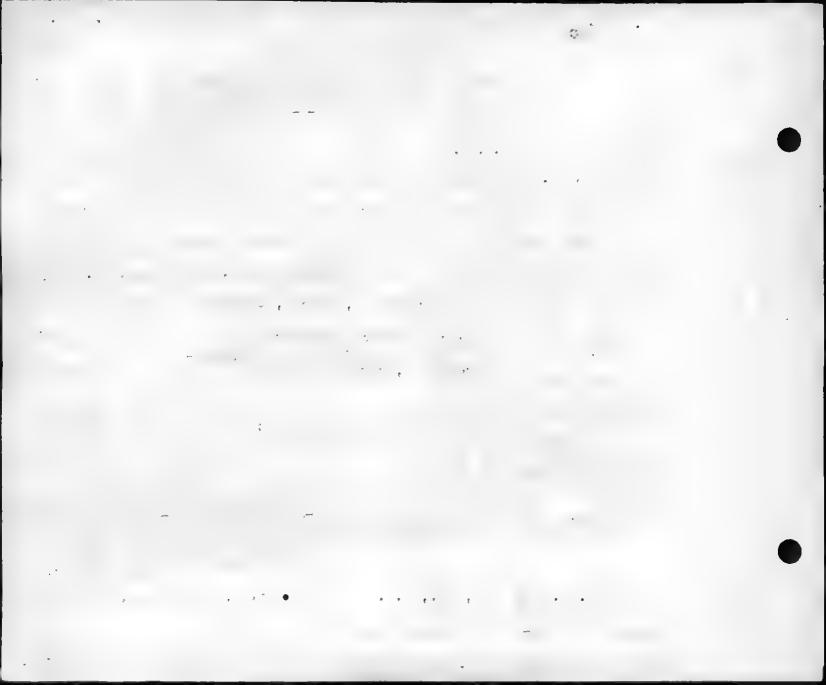
MCCORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Inst 20 DATE OF DEATH 2b HOUR Ldward Charles Reynolds Month 9'51 A May 4 RACE LE UNDER 1 YEAR IF LINDER 24 HRS S DATE OF BIRTH 6 AGE (In years lost birthday) Male White Jan. 25. 7b. CT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED EN NEVER MARR ED ease remave carbon papers. and in any event, within 72 ha country) and campletely filled in Cecil WIBOWED DIVORCED [ Maryland the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)
Electrician Union Hospital Elkton Service 13a USUA, RES DENCE (Where deceased lived if institution, Residence before 13c. CITY OR TOWN 3d PASTOE CITY JAM TS? 13e STREET AND NUMBER admission) STATE YES 😽 111 East Harvey St. North East Maryland 14 FATHER'S NAME First Middle last 15. MOTHER'S MAIDEN NAME First Middle Helen Lockard Melvin L. Reynolds physician ( please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 111 Eadd Harvey St. Yes, na, or unknown) (If yes give war or dates of service) 716-01-6397 signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Ruth G. Reynolds North East. Md. WW 2 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) cuta DUE TO, OR AS A CONSEQUENCE OF Canditions, if only, which gove ) Antemioscleno discome requires that rse to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the l has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES T NO X of Health O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) P.M. detached 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY,) 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County Stote While hat while at work director, page 3 should be de 22a. I certify that (1)) (this haspital) attended the deceased from 19 4, ta 19 5, and that in (my) (our) opinion death occurred an the date and haur and from the couses stoted above (1) (we) (did (did nat) view the bady after death. 226 GRATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR M.D. DEGREE PHYS 22d. PHISICIANIS 22e. ADDRESS Jay S. Barnhart Jr. Mauldin Ave. North East, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) Md. 23o BURIAL CREMATION. 23b. DATE REMOVAL (Specify) 5-4-68 North East Methodist Rurial 250. RECD BY REGISTRAR TEST REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR APPRESS 22 Charles North East, Md. DATE

STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20. DATE OF GEATH 2b. HOUR DECEASED NAME First Month Executed within 24 hours after deat (Type or print) Dov Year ROBERT MOSES RIVERS 7060 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6 AGE (In years lost birthdoy) Pages Male Negro 11-7-11 YRS bours 70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED A NEVER MARRIED 9. COUNTY OF DEATH campletery filled in lave carban papers: DIVORCED [ WIDOWED [ Virginia. Cecil 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
VA Hospital, Perry Point during most of working life, even if retired.) INDUSTRY Perry Point, Md. Laborer event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before) 13c CITY OR TOWN 13e. STREET AND NUMBER IISH INSIDE CITY LIMITS? YES TY NO \_\_ 1202 Princess Street Alexandria 14. FATHER S NAME Middle Los? 15 MOTHER'S MAIDEN NAME First Last requires that the death certificate be lease Thomas Rivers physician ( sen please Georgia 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give war or dates of service) Yes, no, or unknown) signed by the attending physi-burial-transit permit. Then pl burial, crematian, ar removal, 578 03 7999 VA Records VAH. Perry Point 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, severe, terminal 3 days DUE TO, OR AS A CONSEQUENCE OF 3 years Conditions, if ony, which gave) (h) Cerebral Cortical Degeneration rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Chronic Brain Syndrome by the haspital or attending physician. stating the underlying cause (d) Alcoholism, chronic and acute Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) r this certificate has been detached far use as the te Dept, af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F YES [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Dov Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY, ) 21f LOCATION Street of R.E.D. No. City or Town County Stote While Not while at wark ro FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State 3 25, 19 60, 10 . 19 68 . Manadamadalist 22a. I certify that (1) (this hospital) attended the deceased from..... Search progressing adversing the search of t be retained causes stated above (D) (we) (did) (did not) eview the body ofter death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS Page 4 may h 22d PHYSICIAN'S 22e ADDRESS NAME (Type) HUXTABLES VA Hespital 23h DATE NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION (State) (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAN 25b REGISTRAR S SIGNATURE VR A15 (4) 1968 30M REV 1768 DATE Arnold Funeral Home. 311 N. Patrick St

Alexandria, Virginia



CERTIFICATE OF DEATH

last 2n DATE OF DEATH Middle 2b. HOUR 1. DECEASED NAME Ferst Month 5 (Type or print) SCOTT 9 Year 68 CHARLES B R SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. 6 AGE (In years last pirthday) Male White 7-15-02 7a BIRTHPLACE (State of foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED TO NEVER MARRIED Apple Creek, Ohio USA WIDOWED | DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) during most of working life, even if retired.) HYDUSTRY . Carpenter Perry Point Veterans Administration 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? I3e STREET AND NUMBER odmission) STATE Maryland YES Arundel Edgewater Box 391 14 FATHER'S NAME First Middle Last 15 MOTHER S MAIDEN NAME First M ddie Last E Charles Scott Bessie Lowe 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) 283-10-9583 VA Hospital Records, Perry Point, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAD PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Bronchopneumonia, severe, terminal DUE TO, OR AS A CONSEQUENCE OF (probable carcinoma of the brain) (b) Chronic brain syndrome due to cerebral arteriosclerosis Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause. (c) Epileptic seizures-probable to # 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES -NO DC 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street of R.F.D. No. City or Town County State While Nat while causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 226. SIGNATURE ATTENDING 5-9-68 PHYS DIRFCTOR 22e ADDRESS Perry Point, Md. JYAME OF CEMETERY/OR CREMATORY (County) 23a BURTAL CREMATION Funeral Home, Annapolis, Maryland

VR A15 (4) 30M REV. 1/68

director, page 3 should be filed

physician and completely filled in en please remove corban pages

cremation,

signed by the burial-transit p

has been se as the

for use Health

detached

should

O FUNERAL DIRECTOR: After this certificate

be retained

aguires that the death certificate be executed within 24

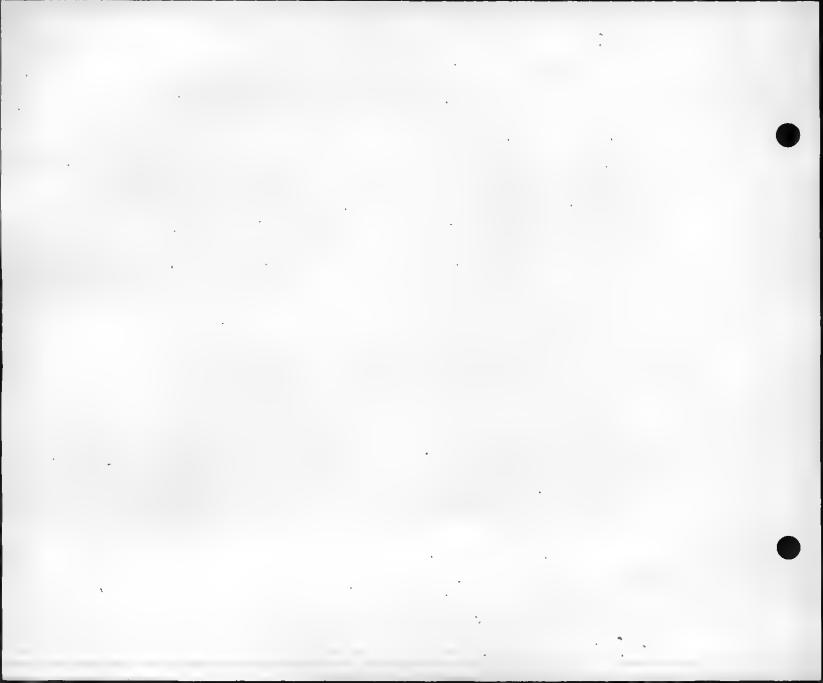
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Inst (Type or print) Month Doy 29 Year 68 SLAVEN J. EDWARD 3 SEX 4. RACE 5 DATE OF BIRTH IF IINOFR 1 YEAR IF UNDER 24 HRS 6 AGE (In years lost birthdoy) MONDHS HOURS White 11-8-97 Male 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED N country) WIDOWED [ DIVORCED [ Cecil paper Brooklyn, NY U.S.A. 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within carbon give street oddress during most of working life, even if retired.) INDUSTRY Administration Perry Point Veterans event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 23c CIY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b COUNTY NO T Box 213 remove Belcamp in ony 14 FATHER'S NAME and Lost ES MOTHER'S MAIDEN NAME First Middle Bradley (D) (D) John Slaven Marv pleose physicion ond 160 WAS DECEASED EVER IN ILS ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 153-14-1341 VA Hospital Records, Perry Point, Md. Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 10 days Bronchopneumonia, bilateral permit. 0 IMMEDIATE CAUSE (o) cremotion, DUE TO, OR AS A CONSEQUENCE OF 4 signed by the burial-tronsit p burial, cremotic Conditions, Fony, which gove: Cerebral Infarction (Stroke) weeks rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse vears Cerebral arteriosclerosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the prior to has been 190 DATE OF OPERATION 196 COND. TION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CALISES OF DEATH? for use Health YES | NO [ O FUNERAL DIRECTOR: After this cert fcote 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBLTING COLCAUSE OF DEATH Month Doy Year HOUR A.M. of P.M. (If either, notify medical examiner) detoched 21d INILIRY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while ot work of work 22a. I certify that (\*\*) (this haspital) attended the deceased from April 13, 19, 68, to May 29, 19, 68, whore the control of the date and hour and from the be retoined shauld causes stated above, (I) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE director, page 3 should be filed a PHYS. DIRECTOR Poge 4 may b 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) MOONEY. MYD VAH. Perry Point, Md. 23b. DATE NAME OF CEMETERY OR CREMATORY 3d-LOCATION (City or Town) BUT AL, CREMATION (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 30M REV 1/68 Grace

MARYLAND STATE DEPARTMENT OF HEALTH

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15	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME (Type or Print) Harry Paul Steiner, Sn. 20 DATE KNOWN MY Month Doy Year OF ESTI-DEATH MATED 5-9 1963	2b HOUS
delay ond 3 t M3 Pag	3 SEX M. 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 14 FIRS AND DAYS HOURS MILE Month 5 Day 9 Year 1968	2d HOUS
Depart in 2 of	70 B.RTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY) Pennsylvania U.S. A. WIDOWED D VORCED	
w through	10 CITY OR TOWN OF DEATH  11 NAME OF HOSP TAL OR INSTITUTION (If not in hospito during most phworking yie, even if retired)  12 USUAL OCCUPATION (Kind of work done during most phworking yie, even if retired)  12 INDUSTRY  INDU	NESS OR
after 3. Giv along with the	130 USUAL RES DENCE (Where deceased .ved, if institution Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e STREET AND NUMBER Odmiss on) STATE Md. 13b COUNTY CCC. POrt Peperit YES NO 1254-B Laffey Cir	ele
24 hours in Item 18 's Office ss Land 2	14 FATHER'S NAME First Middle Lost Deceased) James Paul Steiner 15 MOTHER'S MA DEN NAME First Middle Ritty	
within 24 penal in xaminer's le poges 72 hours	160. WAS DECEASED EVER N. S ARMED FORCES? (Yes, no, grunkpown) (Hyes give war or dates of service) 197 24 5950 NTC Bainbridge, Maryland 21905	
뉴트의 누는	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY  MMEDIATE CAUSE (a) Tractures of strully multiple  Timm	NO OFATH
d be executed d'pending. Chief Medical tronsit permit y event within	Conditions, if any, which gove to due to due to dicto accident	
shoul e war o the ourial- in on	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF  (c)  (c)	
ficate ing thi ided to as a I, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is cert ite, writ forwal se used remova	190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNA, CAUSE WAS  210 TIME OF NURY Month Day, Year  211c HOW INJURY OCCURRED (Enter nature of injury in Port Light Page 2, 19 mg, 8)	
Certifica certifica nould be es should t	3 PRIMARY FOR CONTRIBUTING 31 CO + 5-9 19 68 Thrown out of car in one-car acc.	deri
EXAMINER: cute the certioge 4 should r your files Poge 3 shoul I, cremation,	CAUSE OF DEATH  21d INJURY OCCLERED  21e PLACE OF INJURY (At home, form, street, while while work at work of toctory, office build not etc.)  AT WORK	State
executor. Poged for CTOR: Purial,	22a. I <b>certify</b> that I taak charge of the remains described abave, held an Autapsy, Inspection, Inquiry [], and in my death resulted fram: Natural causes, Accident [], Suicide, Hamicide, Undetermined manner	apiniar
MY, please eral d rectibe retoins RAL DIRE	ACTUAL  CHIEF MEDICAL EXAMENER  22b. DATE SIGNED	
ro DEPUTY SICAL is necessary, please executive funeral director. Po 5 may be retoined for ro FUNERAL DIRECTOR: Health prior to burial.	EXAMINER'S NAME (Type)  SIGNATURE  DEPUTY MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  SIGNATURE  ADDRESS(Street, city, town, or county)  E) Kton s. M.	
TO T TO T Hec	230 BURIA_CREMATION. 23D DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store Buria Spec by) 13 May 1968 Arlington National Cemetery Arlington, Virgin	ie)
VR A15ME (5) 10M REV 1/68	LEE A. PATTERSON & SON, PERRYVILLE, MARYLAND DATE 1968 FLORING JOHN	dge.

MARYLAND STATE DEPARTMENT OF HEALTH



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	200	-	
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FOR STATE

HEALTH DEPT. and 3 to ny delay is

es Jan 2 with the State Dep necessary, please execute the certificate, writing the word 'pending" in pencil in Item 18. Give Pages I, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm **SICAL EXAMINER:** This certificate shavid be executed within 24 haurs after death death. 5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 shoud be used as a burial-transit permit. File page Health prior ta burial, crematian, ar remaval, and in any event within 72 Hay

ن د د ده		MEDICAL EXA	MILIAEK 2	CEKHIL	CATE	Or DE	АІП							
1. DECEASED NAME (Type or Print)			ddle	<b>Stone</b>				20 DATE KNOWN	Manth	Day	Yeor	2b HOUR		
(19pe or Fi m)	Gregory	E a						OF ESTI-	5	29	29 1968 1			
3. SEX	4 RACE	S. DATE OF BIRTH	6 AGE (in year		ER YEAR	IF UNDER 2		2c DATE PRONOUNCE				2d HOUR		
Male	White	July 24,1947	20 Y	RS. MONTHS	DAYS	HOURS	MIN	Month 6	Doy 14	Уеаг	19 40	11 <sub>D.M</sub>		
70 B RTHPLACE (SI		76 CITIZEN OF WHAT COUNTRY?			NEVER MAR	RIED [ X	9. <b>CO</b> LI	NTY OF DEATH	1.54		· un	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
country) New	Jersev	U.S.A.		IDOWED [		-						Ma		
10 CITY OR TOWN		11 NAME OF HOSPI			_			CUPATION (Kind of wi	ork done	12b KIND	D DE BUST	NESS OR		
	eake City	give street address)		(		during		working life, even if						
		ed ived, if institution Residen	ce before 13c Cr	TY OR TOW	N 13d	WSIOE CITY I		13e STREET AND NUM	ABER	1				
odmissian) STA		13b COUNTY				YES 🗍 N	0 🗆	32 Byr	- A -					
14 FATHER'S NAME	First	Middle	Last	lis Moi	HER'S MAID	FN NAME	First		ddle	/6	lost			
	n F. Sto		B-M-21		Ruth				2210		1031			
	EVER IN U.S. ARMED FO	ORCES? 16b. SOCIAL S	ECURITY NO.	17 INFOR		1,011	A MA C	ADDRE	22					
(Yes, na, ar unkn		war or dates of service)	6 6010	Maug	er Fu	neral	l Hor	me, Malver	n. P	enna.	,			
		y one couse per line far (a), (b)								AP	PPROXIMATE 1			
	. DEATH WAS CAUSED	ВУ		rowni	D.C					BETV	WEEN ONSE? A	ANO DEATH		
~ ~ ~ /		TE CAUSE (o)		TOWILL	ng.					_				
	Conditions, if any, which gove )  DUE TO, OR AS A CONSEQUENCE OF													
rise to 1 mm	ediate cause (a), (	(b)	(b)											
stating the	underlying couse	DUE TO, OK AS A CONSEQ	DENCE OF											
	,	(t)												
PART 2 OTHE	K SIGNIFICANT CUNDI	TONS CONTRIBUTING TO DEATH	BOT NOT KEFATE	D TO THE IS	ERMINAL DIS	SEASE OR C	OITIUNO	N G VEN IN PART I(0)						
S LOG DATE OF	19g DATE OF OPERATION 19b COND TON FOR WHICH OPERATION									20 AUTOPSY?				
FICAL	OLEVATION		RFORMED?	II CKM ON										
19a DATE OF	IL CAUSE WAS	216 TIME OF INTERPRETA	Dan Ynar	21, 100	IMILIDY OCC	HODEN (5	tas anti-	re af in Jry in Port 1 o	n n n		YES 🗌	NO 💭		
	OR CONTRIBUTING	216 TIME OF INJURY MANY HOUR A M.								rem 10)				
PRIMARY X CAUSE OF DE 21d N.LIRY C		10:45 MA.M.	1968		ON Street a			ized barg	2					
_ 1.0 100.11		PLACE OF INJURY (At hame, form tary, office building, etc.)	, street,	ZIT LUCATI	ina ziteet d	rkfu Ng		City or Town		County		State		
AT WORK		iver												
22a	I certify that I to	ook charge of the remains	t						quiry [		d in my	y apinian		
death_	resulted from	Natural couses,	Accident 🔀,	Suicid	e 🔲,	Homicid	e 🔲,	Undetermined	manner					
CHIEF MEDICAL EXAMINER														
ACTUAL SIGNATURE ASS STANT MED CAL EXAMINER 22b DAT									22b DATE	SIGNED				
EXAMINER'	s				DEPU	TY MEDICA	L EXAMI	NER 🔲	-6/1	5/68				
NAME (Type	Edwar	d F. Wilson, N	1_D		ADDI	ESS(Street,	city, tax	wn, or county)						
230 BUR AL, CREM	MATION, 23b		NAME OF CEMETER	RY OR CREA	MATORY		23d	LOCATION (C ty or To	An)	(County)	(Str	ote)		
REMOVAL (Sp Buria		7 <b>⊷</b> 68 Re	stland N	Memor	ial Pa	alck	E	ast Hanove	r. N	. J.				
24. FUNERAL DIRE	CTOR	1017 Ct. Don	ADDRESS			2Sa. REC'D	BY REG	ISTRAR 25b. RE	GISTRARS	SIGNATUR				
Wm. Cool	K⇔BLOOKS	, 1217 St. Pay	02		}	DATE	JUN	19 1968	ga	isula	y yes	May.		

VR A 5ME (5) 10M REV, 1/68

TO DEPUTY



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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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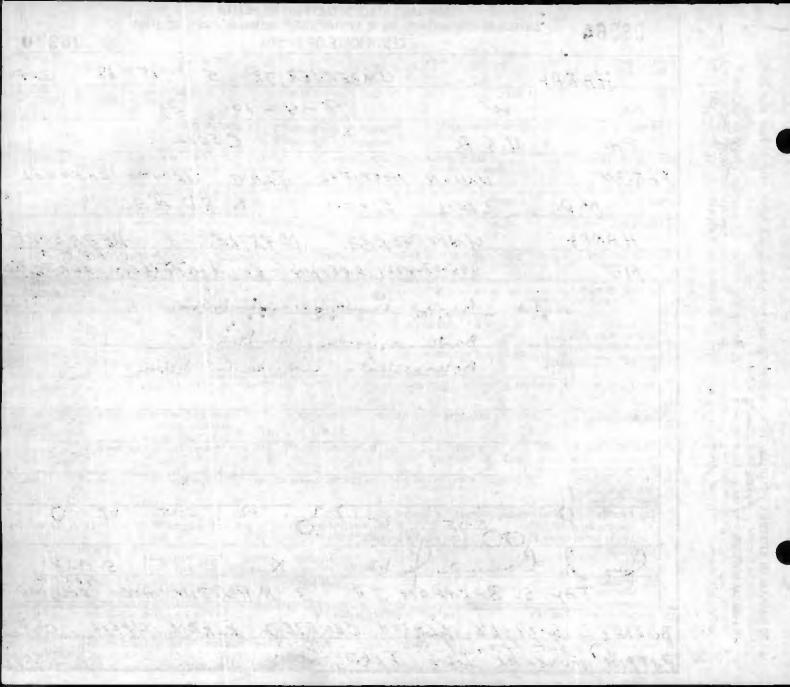
			CERTIFIC	AIL OI DEAIN			13 6	0 = 17				
1. DE	ECEASED-NAME First	Middle		Last	2o. DATE OF		A	2b. HOUR				
(1	Type or print) HARRY		UMB	ERGER, T.	R. 5	Month 15 Do	8 Year	3:00P.N				
3. SE		4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.				
	$\wedge$	w		8-4-	1910	lost birthday)	MONTHS DAYS	HOURS MIN.				
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY OF							
UF	PA.	4.5.A.	WIDOWED		CEC	114		Md				
0. (	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION (If no	t in hospital 120. US	UAL OCCUPATION	(Kind of work done	12b. KIND OF					
E	LKTON	give street oddress)	HOSPI	TAL THE	PKT working	life even if retired.)	CHEN	UKAL				
		ed lived if institution Residence by			-	REET AND NUMBER						
dmi	ission) STATE AA D.	13b. COUNTY CEC/2	ELKT	TES YES	NO BY	D#3						
4. F	FATHER'S NAME First	Middle L	ost 15.	MOTHER'S MAIDEN NAME	First	Middle		Lost				
	HARRY	UNABE.	RGER.SA	N4	RILE		DEAK	DORF				
60.	WAS DECEASED EVER IN U.S. ARM			IFORMANT		Address	RPA	× 3				
	(es, no, or unknown) (If yes give we	or or dates of service) 195-07	-9929 E	VELPH 1	V. 41	M BERGER	P FL	K TON N				
	1B. CAUSE OF DEATH (Enter onl	APPROXIS BETWEEN O	MATE INTERVAL INSET AND DEATH									
	PART I. DEATH WAS CAUSED		conse	ative hear	t fail	luces.						
4109 DUE TO, OR AS A CONSEQUENCE OF												
	(conditions, if ony, which gove) rise to immediate couse (a).  (b) Acute myacardia) infarction.											
	stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost.  (c) Anterios selentia continuation dissose											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
7	4201											
4TIO!	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION V	VAS PERFORMED	D 200. AUTOPSY? 20b. IF YES, WERE FINDING			GS CONSIDERED IN CERTIFYING					
100				YES NO	S OF DEATH?							
CERT	21 g. ACCIDENT WAS UNDERLYIN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		W INJURY OCCURRED (En	ter noture of inju	ury in Port 1 or Port 2,	Item 18.)					
ਭ												
MED	(If either, notify medical examination 21d. INJURY OCCURRED 21e.	PLACE OF INITIRY ( AT HOME, FARM, STE	19 REET, FACTORY, 21f. LO	CATION Street or R.F.D. N	lo. City	or Town	County	Stote				
	While Not while at work	OFFICE BUILDING, F	ic /				,					
	22a   certify that (1) (thi	s hospital) attended the de	reased from	19	63, to_	5-15 . 19	68 , that	(I) (we) las				
	saw the deceased a	ive on 5-15	19 <u>لما</u> , and	that in (mv) (aur) a	pinian death	accurred an the d	ate and hour	and from the				
	causes stated abave	, (I) (we) (did nat) view	the bady after d	eath.								
	22b/OGNATURE	B - (	1 12	ATTENDING 💌	MED.	SYAFF 22c.	DATE SIGNED	0.				
	Jay A.	Donnerson .	M. DEGRI	3 111.00	DIRECTOR L	PHYS. L_J	5-17-6	8				
	22d. Physician's NAME (Type)	S. BARNER	DAY TR	22e. ADDRESS	AULI	DUR YILD	FA	CTMD				
	211		/					1				
30.	BURIAL, CREMATION, 23b. C. REMOVAL (Specify)		AE OF CEMETERY OR			ON (City or Town)	(County)	(Stote)				
B	OKIHLA	-19-18 EL		EMETERL	1 1			/- · · ·				
4.	FUNERAL DIRECTORY of See	1 Contract	DRESS CLAT	250. REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE	del				
N	IPPIN FUNG	ERAL HOME	ELATE	DATE MA	AY 20 1	968 you	1	0				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tyneral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Figure 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours giver deat

er death

and

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	1 40 12 4	665		CEKTIFICAL	OF DEATH					107	1 ( 1.		
	PLACE OF DEATH		2-		2. USUAL RESIDENCE (	Where decease			belore	odmissio	n)		
	o. COUNTY	ecil		MARYLAND	o. STATE B. COUNTY Cecil								
-	b. CITY OR TOWN (I	f outside corparate limit	, ·	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II outside carporate limits, write RURAL and give nearest town)								
	WITTE RUKAL ON	give neorest tawn) .Kton		Elkton									
	d. NAME OF HOSPITA	AL OR INSTITUTION (II no	ot in hospital, g	ive street address)	d. STREET ADDRESS				€.	IS RESID			
	Union	Hospital			200 D	Landi	ng Lane	9	YE	5	NO X		
	NAME OF DECEASED	Fi	st	Middle	Last	4. DATE OF	Manth	1	Day	Yea	ır		
	(Type or print)	Thon	nas	M,	Widdoes	DEATH	May	In this Pro 1 1	9		68		
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years lost birthday)	IF UNDER 1 Y	eak	F UNDER Hours	Min.		
-		White	WIDOWED		Sept, 27,]		74 yrs.	10 000	TAL OF A	7 41114			
		(Give kind of work done life, even if retired)	IN	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County		eign country)	12. CITIZ	TRY?	A.			
_	ipa most of working	<u> </u>	Ba	Idwin Mfg.	Delawa  14. MOTHER'S MAIDEN				0.5	.H.			
13.	FATHER'S NAME												
16		as Widdo		SOCIAL SECURITY NO. 17.	Liza Ja	ne Ha	milton	r'r					
(A)	es, no, or huknowu)	R IN U.S. ARMED FORCES? (II yes give wor or dates o	al service)			-				-			
_	140			15-09-888 <b>2</b> M	rs. Jennie	) J. P	ergusor	1 1	INTER	YAL BET	WEEN		
	PART I. DEAT	ATH (Enter only one court was caused by:	ise per line for	(0), (b), and (c).)	ATORE FAIL	LURE				T AND D			
	1/1/2 Immediate Cause (a)												
	Conditions, if any		(b) Puel	MONARY EDEMA					30 min.				
	rise to immediate cause (o), ( DIE TO									_			
	stoting the underlying couse (d) WI TERRESCLENOTIC CAROLOUASCULAR DISEASE									2 years.			
-40	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)			VAS AUTO			
CERTIFICATION	BENIC	IN PROSTA	T76 11	YPERTBORMY -1	PROSTATECTO	ルタ					NO [		
TIFIC	200. ACCIDENT WAS	S UNDERLYING		SCRIBE HOW INJURY OCCURRED			II of item 18.)						
		MEDICAL EXAMINER)								- 7			
MEDICAL		JRY Month, Doy, Year			ACE OF INJURY (Home, fare		(City or town)	(Coun	ty)	(	Stote)		
WE	17:75 p.r	Hour Grow 5 / 9 19 68 While at work at work at work at work work											
	21. I certify that (I) (this hospital) ottended the deceased from 4/18, 1968, to MATS, 1968, that (I) (we) lo sow the deceased alive on MATS, and that death occurred at 1/15/14 M, from causes and an the date stated above												
		eceased olive on_1	77.89	9 1968, and th	of death occurred a	11-15 A M	, trom causes				abave		
	220. SIGNATURE	2 Pn /1	nien	I.	AD PHYS	MED.	STAFF	22b. DAJ	2 /	V			
	22c. PHYSICIAN'S		900	- N	A.D. PHYS.	DIRECTOR	PHYS.	1 7	0/0	00			
	NAME (Type	Rolando	A. Na	iera		Main	St. E	lkton	. M	d.			
73	o. BURIAL, CREMATIC		and the second second	23c. NAME OF CEMETERY OF			ATION (City or Tox			-	tate)		
201	REMOVAL (Specify Bur 1a 1	5/13/		Gilpin Man				4		,			
2	4. FUNERAL DIRECTO		1. 1	ADDRESS	2Sa. REC	D BY REGISTRA	1962 25b. RE	GISTRAR'S SIG	NATURE	2501	ē		
	Hicks	Home for	Funer	als, Elkton	Md DATE	11 1 5	1900	-,0	10	0			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of Poge 4 moy be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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